CERTIFICATE OF DEATH

10604

10077	CLR III IC	TIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	oni Residence before admission) WASHINGTON
b. CITY OR TOWN (II outside carporale limits, write	60 YRS.	E. CITY OR TOWN (IF BUT HAGERS!	riside carporote limits, write R FOWN	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street of WASHINGTON COUNTY HOS		d. STREET ADDRESS 418 S. PO	DTOMAC ST.	e. IS RESIDENCE ON A FARM? YES NO 📉
3. NAME OF First DECEASED (Type or print) HAZEL	ELIZABETH	BAKER	4. DATE Mon OF DEATH SEPTEM	
5. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOWE		8. DATE OF BIRTH 3/12/1889	9. AGE (In years last birthday) 6 9yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if saired) RETIRED INSPECTOR	SHOE FACTOR	0.000		U.S.A.
OLIVER BAKER		SARAH 1	AME BYREM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dotten of service]	SOCIAL SECURITY NO. 17. II	MRS. EVA HO	DELLE HACT	ERSTOWN MD.
18. CAUSE OF DEATH [Enter only ane cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. (c)	whole ai	teriorele	- elkron	INTERVAL BETWEEN ONSET AND DEATH OUT OF THE STATE OF THE
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ent de		VEN IN PART I(D) 19. WAS AUTOPSY PERFORMED? YES NO []
2	_ Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive an System I G 19.5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) L : PA		accurred at 3 384	1	Ethat I last saw the decease and an the date stated above stole) Out SIGNE Out SIGNE Out SIGNE Out SIGNE
220. BURIAL CREMATION. 22b. DATE THEREOF 9/18/58	706. NAME OF CEMETERY O	R CREMATORY O	22d. LOCATION (City, lown, of HAGERSTOW)	
23. FUNERAL DIRECTOR'S SIGNATURE HOLD	ADDRESS,		BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death propries of the property of the property of the property of the planting physician and completely filled in the property of the plant of the property of the p TO FUNERAL VS A15 (4) 15M 9/55

0

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN lit outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hagerstown D.O.A. Hagerstown . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 862 Virginia Avenue Washington County Hospital YES NO X Middle DATE Month Yeor DECEASED CORDELIA BELL AMY 58 DEATH Sept. 16 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours Days Female White June 30,1878 WIDOWEDSE DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Own Home Fairview Wash. Co.. Md Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Mary Ellen Stine Henry B. Lesher 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None Mrs. Virginia Lore - Solomone 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Myocardial Heart Disease IMMEDIATE CAUSE (a) 420.1 Acute Coronary Thrombosis DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), slating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160/19. WAS AUTOPSY PERFORMED? none NO TO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) None 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While at work of work p. m. None 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my

opinion death resulted from: Natural causes . Accident . olies wells

S. Robert Wells, M.D.

CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Suicide . Hamicide .

9-18-58

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery 22d. LOCATION (City, town, or county) Near Clearspring

Wash .. Md

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman

EXAMINER'S

NAME (Type)

ADDRESS Hagerstown, Md 240. REC'D BY REGISTRAR DATE SEP 2 2 '58

24b. REGISTRAR'S SIGNATURE Orthur S. Thousa

Undetermined manner

US. ATSME BM 2/57

2

MEDICAL

La grade all the management of and a series and the series of the series search of an Intermove allow more than the Wilson will be the same of the same AND THE SAME STREET, SAME OF THE PARTY OF TH 3.75

_			1	()	6	0	f
	Reg.	Dist.	No				

	106	75	CERTIFICA	ATE OF DEA	ATH		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY WI	ashington		MARYLAND	2. USUAL RESIDENCE o. STATE MAI	y Land	ived. If institution b. COUNTY	washih	Red Minion)
b. CITY OR TOWN RURAL and give	(If autside corporate limitages) to 10 10 10 10 10 10 10 10 10 10 10 10 10	ls, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporo	te limits, write RU	RAL and give ne	grest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o	jive street o	ddress)	d. STREET ADDRE	SS _			o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Grace	st	Middle	lost Bingham	4. DATE OF DEATH	Month 9	18	oy Year 158
S. SEX	6. COLOR OR RACE	7. MARRII	DIVORCED D	8. DATE OF BIRTH 3/21/86	9		Months Doys	Hours Min.
during most of wo	ION (Give kind of work orking life, even if relired	done 10b. K	IND OF BUSINESS OR INDU		Stote or foreign courvland	ntry)		S. S.
3. FATHER'S NAME	David H. Bi	ngham		14. MOTHER'S MAIL	Merryman			
1S. WAS DECEASED EV [Yes, no, or unknown)	ER IN U. S. ARMED FOR	CE\$7 16. S		Margaret J		Addre	noxville	e. Md.
PART I. DE	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		for (o). (b), ond (c).} Malignancy ga	stro-intest	inal trac	t, with	INT	ERVAL BETWEEN SET AND DEATH
Conditions, if gove rise to cotse (o), stoling	immediate Due to)	metastasis, o	rig i n and t	ype unkno	vvn		?
Arteric 200. Accident w OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON DSC D TO TIC VAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)	eart.	disease with	hypertensic D. (Enter noture of injus	on and con ry in Port 1 or Port I	gestive		19. WAS AUTOPSY PERFORMED? YES NO 1
ZOC. TIME OF INJU		ar 20d. IN While of work	_ Not while _ fo	ACE OF INJURY IHome, ictory, street, office bidg	, form, 20f. (City o	r town)	(County)	(Stote)
21. I certify	that I attended the	decease	d from July 8, and that death	, 19 <u>55,</u> ta		the causes an	nd an the do	aw the decease
ACTUAL	harles IX	Cor	elly	MD. Progs	Lation	el, city or town of	lg/	9/19/5
PHYSICIAN'S NAME (Type)	Charles		22c. NAME OF CEMETERY C	tred	erick	ON'City, town, or	&	(Chata)
Burial	9-21-5	_	Refermed		Knox	ville,	Marylan	
23. FUNERAL DIRECTO	IS SIGNATURE B	runs	ADDRESS Vick, Marylan		SEP 2 3 '58		FULL S. Kray	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate of executed within 24 hours after death. Page 4 ion and completely filled in carbon popers. Pages 1 al may be retained by the haspital or attending physician.

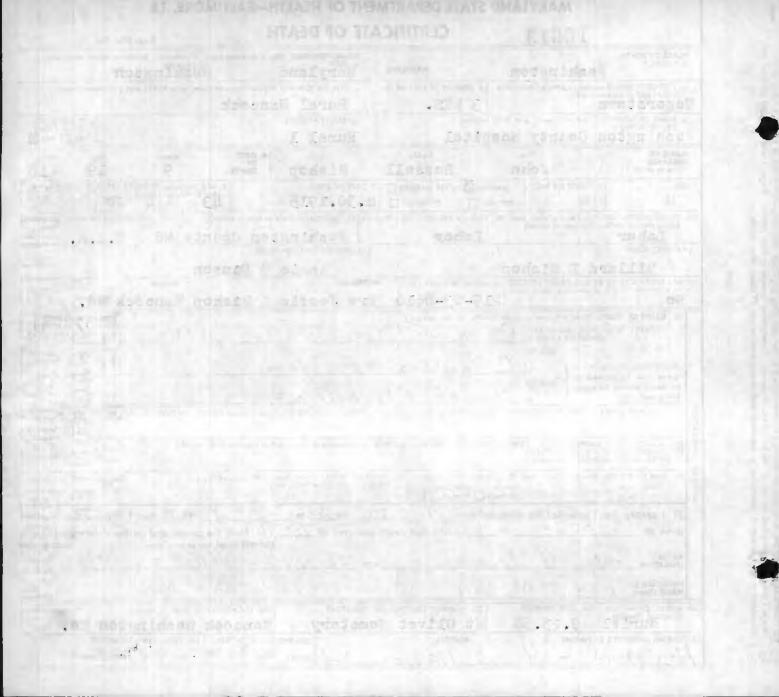
TO FUNERAL DIRECOR: After this certificate has been signed by the attending physician and compage 3 shauld retached for use as the burial-transit permit. Then please remake carbon pape the registrar prior to burial, crematian, ar remayol, and in any event within 72 haurs after-death.

12331 FAST SVAP - III Dod'unvell THE RESERVE OF THE PARTY OF THE Many Co. Lottle (M. Service Monthless Co.) Total Contract to D. Contract Less Total . of Civerent backers, to become

leg. Dist. No.

		3.00							Keg. L	JIST. NO.	
1	e. COUNTY	Washingto	DIR	MARYLA	- 11	USUAL RESIDENCE (V. STATE Maryland	Where deceased		ulion, Reside		admission)
	Magerstew	TR.	3	WKS.	11b	c. CITY OR TOWN (IF		rate limits, write			t town)
	d. NAME OF HOSPIT OR INSTITUTION Washing to	at (If not in hospital, g		-	1	/ d. STREET ADDRESS Rural 1 e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\lambda \)					
3	NAME OF DECEASED (Type or print)	Jeb	130	Russe]		Bishop	4. DATE OF DEATH		onth 9	19	Year 19 5 8
	i. sex M	6. COLOR OR RACE	WIDOWED [DIVORCED	0 4	30.1915		9. AGE (In year lost birthdoy	Months	T -	UNDER 24 HRS.
	00. USUAL OCCUPATION during most of work Labor 3. FATHER'S NAME	N (Give kind of work a ing life, even if retired		of Business or		Washing	ton Co		Ma 12. C	U.S.	WHAT COUNTRY
		rd L Bish				Annie	B Ma	ason			
4	Nes DECEASED EVER	IN U. S. ARMED FOR		-03-8610	17. INFO		L Bus		ancoe	k Md.	
	PART I. DEA' 155.0 Conditions, if or gove rise to in	nmediate (PRI	r (o), (b), and (c).} YIARY		F Live	OF I	Live	R		AL BETWEEN AND DEATH IN OS
Į	Couse (a), storing the under 1 Chroivic Alcoholism Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
SICATION.	322	1								P	ES P NO
CEDTIE		CAUSE OF DEATH	206. DESCRIBE			nter nature of injury in					
MEDICAL	Hour o. m.	Month, Day, Yea	While of work	Not while	De. PLACE (factory,	OF INJURY (Home, for street, office bldg., el	m, 20f. (City	or town)		(County)	(State)
	actual SIGNATURE	at I attended the eft. 19,	deceased f	()	eath occ	215 N. h	ADDRESS (SH	the causes reet, city or town	and an i		the deceased stated above DATE SIGNED
2	PHYSICIAN'S NAME (Type)		TORA	NAME OF CEMETE	EDV OD CRI		RSTO		MA.		
	REMOVAL (Specify)	9.23.5	-			etery		ock Was	-		(Stole)
23	How The	SIGNATURE L	1000	ADDRESS	- e-C	240. REC	SEP 2 5		GISTRAR'S SI		

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The town sequence may be retained by the haspital ar otherding physician and completely filled in by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the buriof-transit permit. Then please remove carbon popers. Pages 1 and the registrar Erfar to burial, cremotion, or removal, and in any event within 72 hours after death.



VS A15 (4)

15M 10/57

PLACE OF DEATH

b. CITY OR TOWN
RURAL ond give
Hagers
d. NAME OF HOS
OR INSTITUTIO

130 Me

NAME OF DECEASED (Type or print)

Female
100 USUAL OCCUPA

15. WAS DECEASED E {Yes. no. or unknown} 110 18. CAUSE OF D PART I. D

> Conditions, if gove rise to couse (a), statis

> lying couse los

PART II. C

CERTIFICATION

MEDICAL

Housewif

Rubii

S. SEX

10614	ND STATE DEPARTM CERTIFICA	ATE OF DE				ist. No.	146	18
shington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington						
(If outside corporate fimits, w nearest town) DOWN	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hage rstown. Maryland						
rital (If not in hospitol, give s N chanic Street	Ireet oddress)	d. STREET ADD	ehanic Str	reet				FARM?
PEARL First	Middle ADALINE	BOIZ	4. DATE OF DEATH	Septemb	er	5	,	Yeor 19 58
	MARRIED NEVER MARRIED DOWED DIVORCED	June 22,	1884	9. AGE (In years lost birthday) 74. yrs.	Magaths .	P3°	Hours	Min.
TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU		E (Slote or foreign of				F WHAT	COUNTRY?
n Rudolph Palm	er	14. MOTHER'S M.	Maggie Cl	ark				
VER IN U. S. ARMED FORCEST (If yes, give war or dates of service)		Max Krumpe	Funk	stown, M		and		
EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	osis, q	eneral	ized			RVAL BE ET AND	DEATH
ony, which immediate g the under-	dreinoma 0:	f over	y			18	me	un- nths
	ONS CONTRIBUTING TO DEATH BUT				EN IN PA	RT 1(a) 1		AUTOPSY DRMED?

20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of Port

20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour o. m. 19 White of work 19 work 19 White of work 19 Not work 1

alive an 915, and that death accurred at 945 M, from the causes and on the date stated above.

ADDRESS (Street, city or lown, state)

DATE SIGNED

SIGNATURE FROM St. 136 W. W45 hin of an St. 96/58

(Slote)

PHYSICIAN'S GEORGE Jennings Hagerstown, Md.

220. BURIAL, CREMATION, 220. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY] 22d. LOCATION [City, town, or county]

REMOVAL (Specify)

Burial 9/8/1958 Rose Hill Cemetery Hagerstown, Maryland

Apprendix precions signature

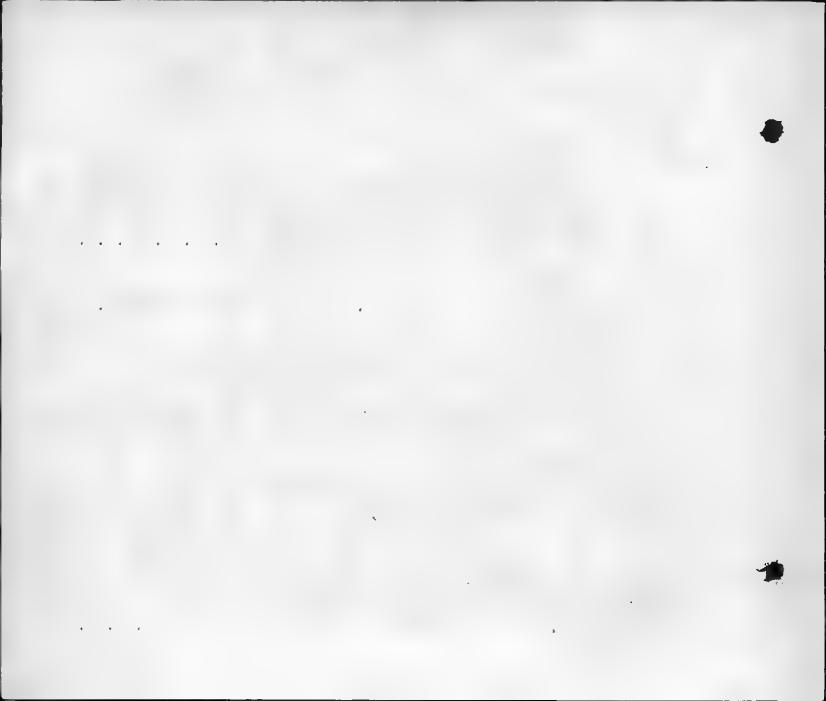
Address 240. REGISTRAR'S SIGNATURE

Funeral Director's Signature Address 246. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR LAW REC'D BY REGISTRAN LAW REC'D BY REGISTRAR LAW REC'D BY REC'D BY REGISTRAR LAW REC'D BY REGISTRAR LAW REC'D BY REC'D BY

ST BECKETCH ALTERACE TO THE MY RECESTATE THE RESIDENCE Aren significe while A STATE OF THE STA

	1.0615 CERTIFIC	ATE OF DEATH Reg. Di	
0)	1. PLACE OF DEATH COUNTY WASHINGTON MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residen o STATE MARYLAND WASHINGTO	
5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) HAGERSTOWN 12 YEARS	c CITY OR TOWN (If outside corporate limits, write RURAL and HAGERSTOWN	give nearest town)
5 ~~	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1019 SPRUCE STREET	1019 SPRUCE STREET	IS RESIDENCE ON A FARM? YES
	3. NAME OF First Middle DECEASED (Type or print) CHARLES EDWARD	BOWMAN 4. DATE Month OF DEATH SEPTEMBER 8	Doy Yeor 3 1958 19
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) JANRUARY 28 1872 86 yrs. Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSE PAINTER RETIRED		TIZEN OF WHAT COUNTRY: $J_*S_*A_*$
	DAVID BOWMAN	14. MOTHER'S MAIDEN NAME SUSAN ROWE	
-/	(Yes no or unknown) (If yes, give wer or dates of service)	INFORMANT 1019 spiritive a	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	INTERVAL BETWEEN
	Conditions, if any, which) (b) Paleine and	to the house	(5 1/24
	gave rise to immediate couse (a), sloting the under-lying couse lost	- though Benner	6 m
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO DEA	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
		RED (Enter nature of injury in Part I or Port II of item 18)	
		PLACE OF INJURY (Home, form, 20f (City or town) (cotory, street, office bldg., etc.)	County) (State)
	21. I certify that I attended the deceased from	th accurred at 2 M, fram the causes and on t	last saw the deceased
1	ACTUAL SIGNATURE & EU DUTA	ADDRESS (Street, eigy or lown, stote)	DATE SIGNED
	PHYSICIAN'S TO E WAT IT &	Hogeshow and	1//3/
	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CENETERY REMOVED THE SEPT.11 1958 FUNKSTOWN	OR CREMATORY 22d LOCATION (City, town, or county) CEMETERY FUNKSTOWN WASH. C	CO.MD. (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE CONTROL CONTR	Md. DATE SEP 1 5 '58 a than 2	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

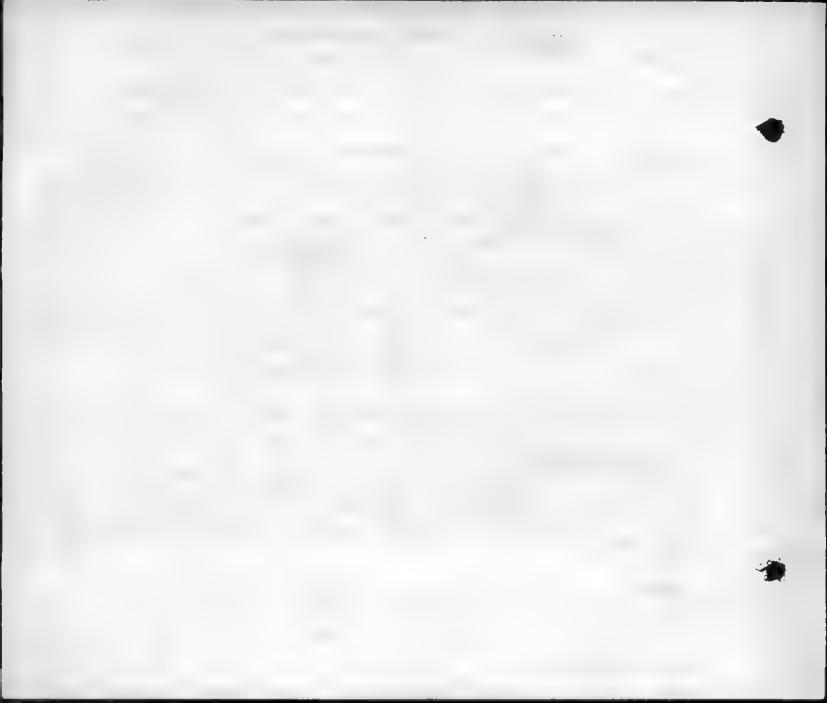


funeral director, uld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physicion.

O FUNERAL TOR: After this certificate has been signed by the attending physician and campletely fitted in by page 3 shaut the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar to burial, cremation, or removal, and in any event within 72 hours after death.

<u> </u>	
/5 A1S	(4) 5

	111576			Reg. Dis	1, No.
1. PLACE OF o. COUNT		MARYLAND	2. USUAL RESIDENCE (Where deceases a. STATE	b. COUNTY	g before admission)
b. CITY O	R TOWN Iff outside carporate finals, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and a	ive nearest town)
RURAL	and give searest town)	2 /24/5		on 75x	2
d. NAME OR INS	OF HOSPITAL (If not in haspital, give street of	1-11-	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		photal None	Non	۷	YES NO AT
3. NAME OF DECEASED (Type or p) " , , , , , , , , , , , , , , , , , ,	Grace.	Brechh: 11 OF DEATH	So who har	Doy Year
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGM (In years IF UNDER dast bigthday) Months	
Fema	le white widowe		July 7 1883	75 yrs.	Days Haurs Min.
10a USUAL C	OCCUPATION (Give kind of work done 10b nost of working life, even if retired)	16	STRY 11/BIRTHPLACE (State or foreign of	ountry) 12. Citi	ZEN OF WHAT COUNTRY?
13. FATHER'S	House work	MUSP WOLK	14 MOTHER'S MAIDEN NAME	7. 1	USH.
ig. cernik 5	John & River	hill	Alice /	Touther &	
15. WAS DEC	EASED EVER IN U. S. ARMED, FORCES? 16	SOCIAL SECURITY NO. 17	NFORMANT) - 1 1 11	Address	0
	//0	None m	- Kilbert Street	on Mari	m, la
	ISE OF DEATH [Enter anily one cause per ar	for (a), (b), and (c)	1 7- 1		INTERVAL BETWEEN ONSET AND DEATH
20	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	neral ye	allivereller	ZA-7	5 42
	DUE TO	2 - 2/1 -1	o Non 1	47	6/200
	tions, if any, which (b) (b)	27 11/201	1 telemormo	-gran	6. 11500
	a), stoling the <u>under-</u> OUE TO Ouse (ast			/	
	'ART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
CATI					PERFORMED? YES NO
☐ OR CON	CIDENT WAS UNDERLYING 206 DESC ITRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Par	1 11 of item 18.)	
3 20c. TIME		NIURY OCCURRED 20e P	ACE OF INJURY (Home, form, 20f. (City	ar town) (C	ounly) (State)
ZOc. TIME	p. m. 19 While	sioi wille j	ictory, street, office bldg., etc.)		
21. I c	ertify that I attended the decease	ed from Amil	2. 1951, 10 Dept	19 Vd, That 1 1	ast saw the deceased
alive o	on A Log 3 198	and that death	occurred at 12:154-M, from		
ACTUAL	- 411/14/11	12-21	ADDRESS (S	treat, city or town, slote)	DATE SIGNED
SIGNATU	JRE FLOW /CTV	1	M.D	1000	<i>71</i> /99
PHYSICI/ NAME (1		lan	****	mal	
220. BURIAL,	CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d LOCA	TION (City, town, or county)	(Stote)
130	Hal 17/3/1938	Ledar Hill	Lemetery Con	rencastle Auto	16 Test Toma
23 FUNERAL	all the three er	free contle	240. REC'D BY REGIST		
			DATE SEP 3 '	58 aritur 8	Thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0	616	CERTIFICATE	OF	DEAT	ŀ
_					

Pan Dist Ma

<u> </u>								MER' DISI' I	10.
1. PLACE OF DEATH O COUNTY	Washington		MARYLAND	2. USUAL RESI o. STATE	Md.	here deceased lived	l. If institution b. COUNTY	Washi	
RURAL and give in Hager	rstown		e. LENGTH OF STAY IN 16		own (if agers	outside corporate la town	mits, write Ru	IRAL and give	nearest fown)
OR INSTITUTION	Mospital Hospital	e street oo	(dress)	1d. STREET A		n Ave.,			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Stanl	97	Middle Russell	Brill Los	t	4. DATE OF DEATH	Manti 9	1	7 Year 19 58
s sex male	white v	VIDOWED	DIVORCED [Nov. 29	188	7	70 yrs	Months Doy	AR IF UNDER 24 HRS
barber	king lite, even it fetiredj	ne 10b. K	shop	ľ		or foreign country)			SA.
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME			
Rus	ssell Brill]	Marth	a Viands			
15 WAS DECEASED EVE	R IN U. S. ARMED FORCE [If yes, give war or dates of servi	5? 16 SC (ce) 22	0-30-9043Mrs	NFORMANT S. Jessi	e Bri	11 Hage	Addre		
	mmediate Dus 70		ror (o), (b), and (c).]	Y.C	in for	L dis	ear e		NTERVAL BETWEEN NSET AND DEATH
lying cause lost.) (c)_	TIONS CO	NTRIBUTING TO DEATH BUT	NOT BELLIED TO	Til Ton				
ICAT	Hyperter	ساوريا	re vascula	cliò	eurs			N IN PART 1(0)	PERFORMED? YES NO
	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCR	IBE HOW INJURY OCCURRED) (Enter noture o	Finjury i n I	Part I or Part II of	item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	While	URY OCCURRED 20.9. PU Nat while foc	ACE OF INJURY (I tory, street, office	tome, form bldg., etc.	20f (City or to	vn)	(Count	(Stole)
actual SIGNATURE	at I attended the d	19.5.2 . 19.5.2 	from Hus 10		150	M, from the	causes ar	nd an the d	saw the decease date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	Dr. E. W.	Dit	to 111 MD						
220 BURIAL, CREMAT OF REMOVAL (Specify) burial	9-20-58		22c NAME OF CEMETERY OF Rest Have			22d LOCATION (Hagers1		county)	(Stote) Md.
23. FUNERAL DIRECTOR'S Fred W. Kra		stown	ADDRESS 1, Md.		24a. REC'I	P 2 2 58	246. REGIST	TRAR'S SIGNAT	

executed within 24 haurs after may be retained by the haspital or attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld estached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar per ab burial, crematian, ar remaval, and in any event within 72 hours after death. ATTINEME PHYSICIAN: The law requires that the death certifiga TO MOSPITAL BIR

VS A15 (4) 15M 10/57

rector, ed with

Page 4



24o. REC'D BY REGISTRAR

DATE

24b. REĞISTRAR'S SIGNATURE

director, iled with ofter death! Page 24 pup corbon пауе affending þ 20 På Should FUNER O VS A15 (4) 15M 10/57

1, PLACE OF DEATH

o. COUNTY

3. NAME OF

S. SEX

DECEASED

(Type or print)

Female

Glerk

o. m

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Burial

23. EUNERAL DIRECTOR'S SIGNATURE

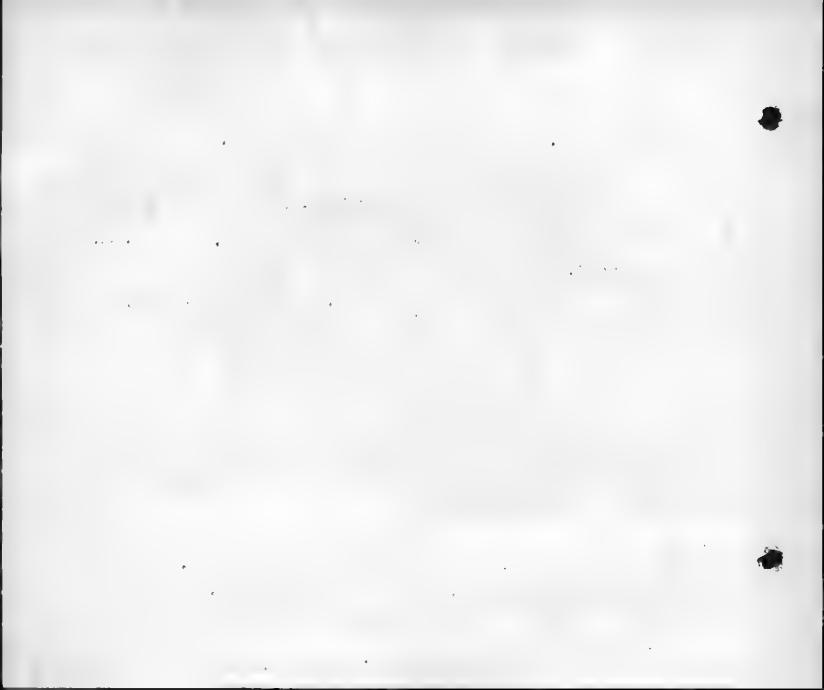
Suter-Rouzer Funeral Home

ADDRESS

Hagerstown . Md.

13 FATHER'S NAME

no



	MARYLAND	STATE DEPARTM	ENT OF HEALTH	I-BALTIMORE, 18				
	10618	CERTIFICA	ATE OF DEATH	1 ,	10613			
	1. PLACE OF DEATH		2. USUAL RESIDENCE (WI	nere deceased lived. If institution.				
	washington	MARYLAND	o. STATE Marvlar	L COUNTY	Washington			
	b. City OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 16	2.4 - 4 A A A A A A A A A A A A A A A A A	outside corporate limits, write RURA				
	RURAL and give represt town) Hagerstown	Life	X Rural	Hagerstown				
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e.							
Ĺ	TAP	Hospital	Hagerston	wn Rt. 6	ON A FARM? YES NO			
	3. NAME OF First DECEASED	Middle	losi	4. DATE Month	Day Year			
	(Type or print) Catherine	Ruth Carb	augh	DEATH Sept.	12 1958			
	5. SEX 6. COLOR OR RACE 7 MARRI	IED 📆 NEVER MARRIED 🔲	B DATE OF BIRTH	9. AGE (In years IF L	UNDER I YEAR IF UNDER 24 HRS			
	Female White WIDOWE		Dec. 1, 192	29 28 15	DOYS HOURS MAL.			
	10b. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	***	STRY 11. BIRTHPLACE (State	ar foreign country)	12 CITIZEN OF WHAT COUNTRY?			
	Machine Operator	Dress	Hagers					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME				
	Clarence Hadle		Mary NFORMANT	y Jane Hamburg	3			
	(Yas no, or unknown) [If yes, give war or dates of service]							
	18 CAUSE OF DEATH [Enter only one cause per lin		lichard Carl	baugh Hag. Ri				
	PART 1 DEATH WAS CAUSED BY.	2 / (o), and (c).	1	_	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (6)	alignen F A	y perfernie	4	4-163			
	Conditions, if any, which	1.0.00	,	50 to 1	2			
	gove rise to immediate	STOWNEYCE C	drana.y-	acc River	Jorgan,			
	couse (a), stating the under- lying cause last.		/					
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				YES NO H			
	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D (Enter nature of injury in I	Part I ar Part II of item 18.)				
				_				
	20c. TIME OF INJURY Month, Day, Yeor 20d IN While of work		ACE OF INJURY (Hame, form clary, street, affice bldg., etc.	20f. (City or town)	(County) (State)			
	p. m. 19 of work			· · · · · · · · · · · · · · · · · · ·				
	21. I certify that I attended the decease	ed from Se	19.50 to 5	ept-12, 1908, 11	nat I lost saw the deceased			
	alive an 50 px 11 19.	and that death			on the date stated above			
) *d/ -		ADDRESS (Street, city or town, state	DATE SIGNED			
1	SIGNATURE Church	11/40-11	м D. 217 W.	Washington S	3t.			
	PHYSICIAN'S							
	NAME (Type) Edward W. Dit			estownMd				
	220 BUR AL, CREMATION, 226. DATE THEREOF BEMOVAL (Specify) 9-14-58	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or co	**			
	Eurial 9-14-58	Rest Haven	Cemetery	Hagerstown	n Ma			

Hagerstown Md.

ADDRESS

23 FUNERAL DIRECTOR'S SIGNATURE

Minnich Funeral Home

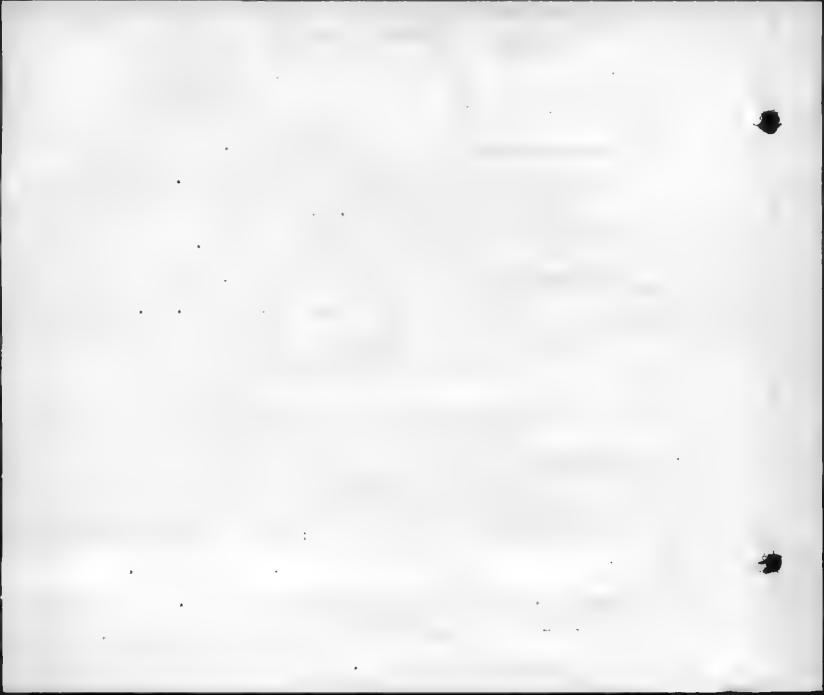
24g. REC'D BY REGISTRAR

DATE EP 1 6 '58

Hagerstown

246. REGISTRAR'S SIGNATURE
CI Thun S. House

V5 A15 (4) 15M 10/57



7 (M	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	1	10677 CERTIFICATE OF DEATH
ctor, with		Reg. Dist. No.
direc		o COUNTY MARYLAND O STATE COUNTY COUNTY
# G		b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL and give nearest town)
•	0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE e. IS RESIDENCE
by 1	90	HOMEWOOD HEME FOR AGED YES NO DE
= 6		3. NAME OF First Middle Levi A DATE
E I		Type or print EMMA MAY CLEM DEATH SEDT 2 1958
ely fitte Pages		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
campletely fitled papers. Pages 1 oth.	T	Female White WIDOWED DIVORCED Jan 5, 1874. Sk yrs. Months Doys Hours Min.
cample papers.	(#	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY of Directory of Country (Country)
and carr ban pap er death.		Housework Own home Maryland U.S.A.
corb offer		13. FATHER'S NAME
Sic Ve		Unknown Elizabeth E. Austin
phy rema 2 hou		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ding ase re in 72		no Mrs. Alice Clem, Taneytown, Md.
音でき		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
he o		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Chr. My recounts ONSET AND DEATH
by H		Conditions if any which
B E 6		Conditions, if ony, which gove rise to immediate DUE TO
ا المراجعة الم		big care for
een een rans		. (7)
Physical by a control over	A.	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ing te h buri		20g. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
Fica Fica The		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
cert ge 9		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not work of work of work
this this r us		While Not while of work of work of work
frer d fo		21. I certify that I attended the deceased from 7-1-52, 19, ta 9-2, 1936 that I last saw the decease
A State		alive on, 19, and that death occurred atM, fram the causes and on the date stated abov
2 de p		ADDRESS (Street, city or lown, stole) CAPP SIGNE
DIR!		SIGNATURE OF TW SULLA M.D. Structure of 13/10
AL DI	1	PHYSICIAN'S N. TW D. IS Allegential
Gest Strategist		
Poge ?		REMOVAL (Specify)
5 0.≑		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
/S A15 (4) SM 10/57	J-X	CA Frank Con Towards War 150
Jin 10/3/	41	U.U.Fuss/& Son. taneytown, Maryland DAIE SEP 4 38 Chillus & House

... 1

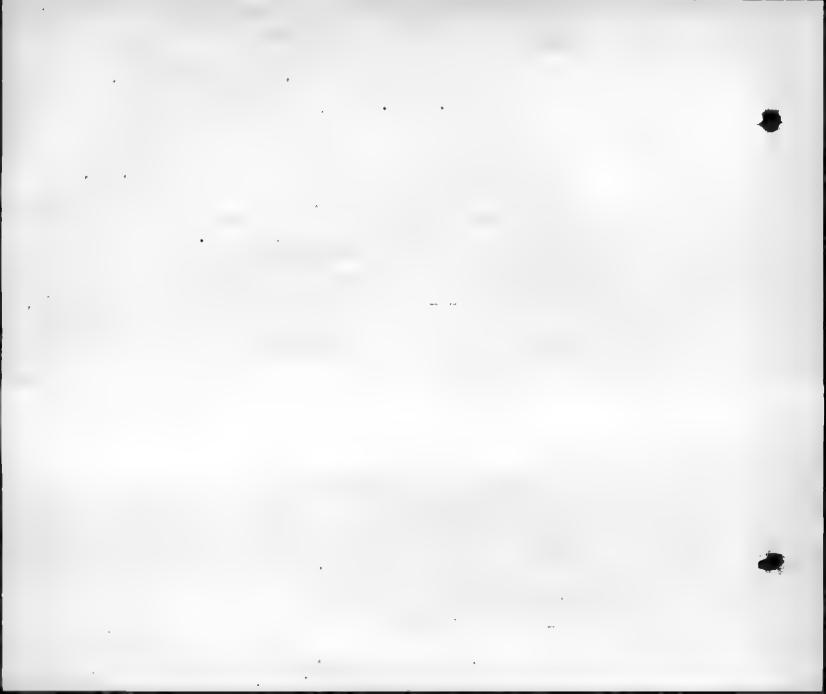
10615

NAME OF FIRST DESCRIPTION NAME OF FIRST MIGHE PROCESSED PROPORTION NAME OF FIRST MARRIED NEVER MARRIED NOON			10031	3	CERTIF	ICAI	E OF DEAT	Н		Reg. Dis	it. No.	
L. CITY OF TOWN coulded corporate limits, write 3 yr 3 mo 3 yr 3 mo 4 yr 3 mo 4 yr 3 mo 5 yr 3 mo			nington		MARYLA	14	A STATE	Vhere decease				dmission)
ACTUAL CEMBELORISES STREET ADDRESS C. SERSIONER ON A FARM PROPERTY Service of the state o	RURAL one	d give neore	st fown)	ls, write								town)
Type or print) LEWIS EAWATOL CLOPPET ACTIVATION Marked Solve for print Marked Solve for print Marked Solve for Bart II	d NAME OF	HOSPITAL ((ON A FARM?
DO. JULIA OCCUPATION (Give kind of work done) Ob. JULIA OCCUPATION (Give kind of work done) I Garm I Leitersburg, M.d. 1 Leitersburg, M.d. 1 Leitersburg, M.d. 1 MOTHER'S NAME Henry G. Clopper S. WAS DECEASED EVER IN U. S. ARMED FORCES? I Los SOCIAL SECURITY NO. 17. INFORMANT Williamsport Sanitarium, Williamsport Sanitarium, Williamsport Sanitarium, Williamsport Information of the state of the st	NAME OF DECEASED (Type or prin	r)						OF				Year 19 58
ACCIDENT WAS UNDERLYING OF CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 While 1 of FOT III of item 1B) OR CONTRIBUTION OF INJURY Month, Day, Year More of the deceased fram. 10 The Contribution of the Cause of Decease of the Contribution of the Contributio	mal	e	white	WIDOW	/ED DIVORCED [ly 23, 18	-	lou birthdoy) yrs.			
Henry G. Clopper S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Williamsport Sanitarium, Williamsport B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cause (e), stoling he under Lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). PART II. OTHER SIGNIFICANT WAS UNDERLYING (b). PART II. DEATH AND CONTRIBUTION (c). PART II. DEATH AND CON	Da. USUAL OC during mos	f working	life, even if retired)	done 10b.		INDUSTRY		-	**	12. CIT	ZEN OF W	VHAT COUN
Williamsport Sanitarium, Williamsport Sanitariums, Williamsport San	3. FATHER S NA		lenry G.	Cl	***				Maggie	Petre	3	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate (b) DUE TO Could stoting the under DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO	(Yes, no or unknow				SOCIAL SECURITY NO.			t San			Llier	Md.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPER PERFORMEDTY (IF ETHER NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPER PERFORMEDTY (IF ETHER NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPER PERFORMEDTY (IF ETHER NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPER PERFORMEDTY (IF III) IN PART I (a) 19. WAS AUTOPER PERFORME	PAR 14.2 Conditio	T I. DEATH IM	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which))	Cardia		Orner	t	·		ONSET	- Ya
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of twork of two	couse (a), lying cou	stoting the		A	teriosele	t	e Cour	lier_	war	lan	di	10,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of twork of two	PAR			DITIONS		H BUT NO	T RELATED TO THE TERM	WINAL DISEAS	SE CONDITION GIV	EN IN PART	P	ERFORMED?
21. I certify that I attended the deceased from Hug, 19.00 to Sept. 29. 19.00 that I last saw the deceased alive an Sept. 28., 19.58., and that death occurred at 3:000 M, from the causes and on the date stated ab ADDRESS (Street, city or town, store) ACTUAL SIGNATURE M.D. 28 W. Potomac Williamsport, Md PHYSICIAN'S NAME (Type) NAX E. Byrkit, M.D. 20 BUILLI, CREMATION, 27b. DATE THEREOF REMOVAL (Special) REMOVAL (Special) REMOVAL (Special) 19-1-58 Leitersburg Cemetery Leitersburg, 11d. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 RECORP REGISTRAR'S SIGNATURE		ENT WAS U	NDERLYING () CAUSE OF DEATH DICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Port I or Por	rt II of ilem 18)			
actual signature ACTUAL SIGNATURE M.D. 28 W. Potomac Williamsport, Md PHYSICIAN'S NAME (Type) NEW DATE SHOP SHOWN, Store) ACTUAL SIGNATURE M.D. 28 W. Potomac Williamsport, Md PHYSICIAN'S NAME (Type) PROVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) 19-1-58 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE 260 REGISTRAR'S SIGNATURE	5 20c. TIME O Hour	o. m.	Month, Day, Yea	While	Not while	e. PLACE factory	OF INJURY (Home, for street, office bidg , et	m, 20f. (City	y or town)	lc	ounty)	(Sto
ACTUAL SIGNATURE M.D. 28 W. Potomac Williamsport, Md PHYSICIAN'S NAME (Type) NAM	21. I certify that I attended the deceased from Hug , 1958 to Sept 29, 19 What I last saw the decease alive on Sept 28, 1958, and that death occurred at 3:000M, from the causes and on the date stated above											
NAME (Type) Nax E. Byrkit, M.D. 20 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 19-1-58 Leitersburg Cemetery Leitersburg, M.D. 22d LOCATION (City, fown, or county) Leitersburg, M.D. 240 REC. By REGISTRAR'S SIGNATURE	SIGNATURI		13	ps	hat	M D	28 W. Pote				Md	
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE	NAME (Typ	EMATION.	22b. DATE THEREO		22c. NAME OF CEMETE	RY OR CI	REMATORY Compton				1.3	(State)
	No visus	RECTOR'S SI	GNATURE		ADDRESS	d T E			TRAR 246. REGIS	STRAR'S SIC	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should etached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 the registrar pring to burial, are remaral, and in any event within 72 hours offer description. VS A15 (4) 15M 10/57

neral director, d be filed with



VS A1S (4) 75M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

10619	CERTIFICATE OF DEAT	Ή
PLACE OF DEATH a. COUNTY Washington	MARYLAND 2 USUAL RESIDENCE (V	Vh

						Keg,	MIRE MO.	
1. PLACE OF DEATH 6. COUNTY W	ashing f on	MARYLAND	2 USUAL RES o. STATE	Md.		If institution Resid	ence before o	dmission)
RURAL and give n	(If outside corporate limits, write regrest town) Crstown	c. LENGTH OF STAY IN 16	17	TOWN (IF ou Hagers		mils, write RURAL and	d give nearest	lawn)
d name of hospi	TAL (If not in hospital, give street ock Jefferson S	of address)	1100 bl		fferson	St.,	1	RES DENCE
3 NAME OF DECEASED (Type or print)	First George	Mashington	Cressl		4. DATE OF DEATH	Manth 9	Day 2	Year 58
s. sex ma le	white wipor	WED DIVORCED	B. DATE OF BIRT	, 1894	las	63 yrs. Months		NDER 24 HRS
during most of wor Farmer	ON (Give kind of work done 10 rking life, even if relired)	Farm			tle, Pa		U.S	A.
13. FATHER'S NAME			14. MOTHER'S	S MAIDEN NA	ME			
Geo	rge W. Cressler	r Sr.		Julia	Gearhart	60		
IS. WAS DECEASED EVE (Yes. no. or unknown) Ves	ER IN U. S. ARMED FORCES? I. (If yes, give wor or doles of service) V.W. I		nformant rs. Ida			Address Hagerstow	n. Md.	
EV.	DUE TO ony, which immediate the under (c) HER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PA	P	VAS AUTOPSY ERFORMED? S NO [2]
THE EITHER, NOTIFY	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED						
20c. TIME OF INJUR Hour o. m. p. m.	Whil		ACE OF INJURY office	(Home, form, e bldg., etc.)	20f. (City or to	rn)	(County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S	East in it	, and that death		1	M, fram the	causes and an		
270 BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY OF		2	2d LOCATION (City, lawn, or county		(State)
		Test the	كروح		Hagersto	MIT	1	Md.
23. FUNERAL DIRECTOR		ADDRESS DWM. Md.		240. REC D	BY REGISTRAR	246 REGISTRAR'S S	SIGNATURE	4



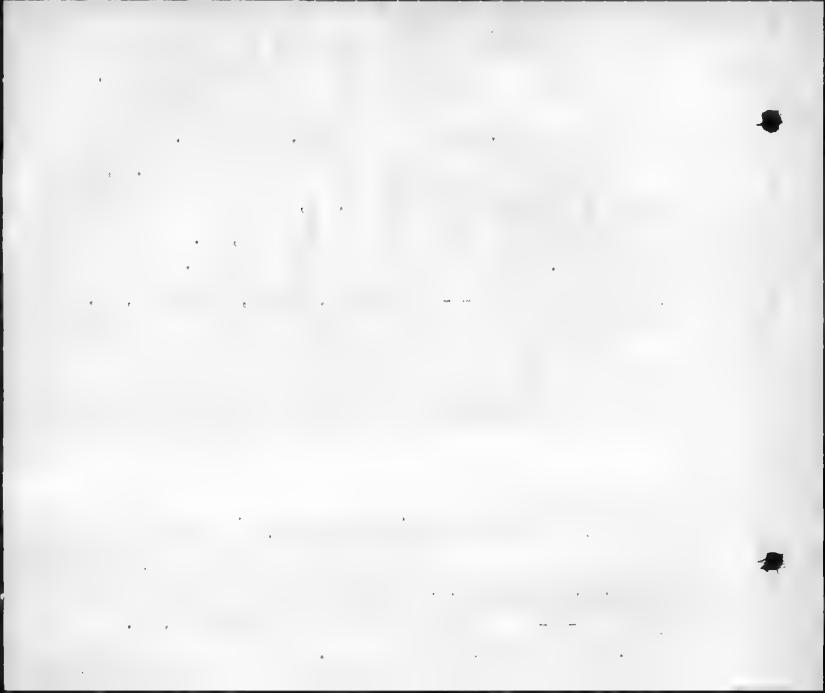
精

VS A15 (4) 15M 10/S7

ARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
---------	-------	------------	----	-------------------	----

10620 CERTIFICATE OF DEATH

3.0020	CERTIFICA	TIE OI DEATH		Reg. Dist. No.
O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MC	ere deceased lived. If institution b. COUNTY	Residence before admission) Wash.
RURAL and give nearest town) Hagerstown 56		E. CITY OR TOWN (IF or	ulside corporote limits, write RUR DWN	AL and give nearest lown)
d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Washington County Hospit	_	/ d STREET ADDRESS 273 S. I	Potomac St.	e, IS RESIDENCE ON A FARM? YES NO [
3 NAME OF DECEASED (Type or print) Corine	Anne	Darner	4. DATE Month Seg	ot. 9, Doy Yeor 1958
female white widowed	DIVORCED 🔲		380 7 Pirthday) A	UNDER I YEAR IF UNDER 24 HRS Agains Days Hours Min
100 USUAL OCCUPATION (Give kind of wark done 10b. KIND O during most of working life, even if refired) house wife	F BUSINESS OR INDUS	Williams		12. CITIZEN OF WHAT COUNTRY?
John B. Stake		14 MOTHER'S MAIDEN N	AME Emma C. St	erne
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) 10 (If yes, give wer or dates of service)		nformant Igar S. Darr	ner, Hagersto	
18. CAUSE OF DEATH {Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA MC I M: Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. [b] DUE TO [c]	•	e lung		INTERVAL SETWEEN ONSET AND DEATH Indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NOT
) (Enter nature of injury in P		
	CCURRED 20e. PLA of while foo work	ACE OF INJURY (Home, form, tory, street, office bldg , etc.)		(County) (State)
ACTUAL SIGNATURE SIGNATURE	, and that death	w.b. 148 Vest	.eM, from the causes and ODRESS (Street, city or town, sto Washington St	,
Total (1) pol	I.D.		n, Maryland 22d LOCATION (Criy, lown, or c	Months of the second of the se
BEMOVAI (Specify) 9-11-58 Ro	se Hill (Cemetery	Hagerstown,	Md.
Scott F. Minnich & Son,		vn, Md. DATE SE		AR'S SIGNATURE



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

10621 CE	RTIFICA	ATE OF DEATH	1	Reg. D	ist. No.	10618
D. COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Who o. STATE PENN	SYLVANI	. If institution, Reside MCOUNTY FRA	NKLIN	dmission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and sive negron form) 1 WK		CITY OR TOWN (IF 6) GREENC	ASTLE	mits, write RURAL and	giva neorest	tawn)
d NAME OF HOSPITAL (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL		d. street address 129 N. AL	LISON S	T.	e. 15 C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) BLMER D.	Aiddle	DIETRÍCH	4. DATE OF DEATH	SEPT.	22	Year 58
	ORCED 🗍	8/21/1883		birthday) Manths		JNDFR 24 HRS. Durs Min.
100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINI during most of working life, even if retired) RETIRLD FARMER OWN FA	ESS OR INDUS	STRY 11 BIRTHPLACE (STOTE OF PENNSY	i foreign country)	D 12. C	U.S.	HAT COUNTRY?
JOHN DIETRICH		LYDIA	PLANTED 5	When	υ	
15 WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURIT	0 8676M	RS. ROBERTA	DIETRI	CH AddresGRE	ENCAS	TLE P
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	° Но ЈА	NOT RELATED TO THE TERMIN	val disease con	DITION GIVEN IN PA	ONSET	ERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year While While While Of work Of twork	D 20e. PLA	D. (Enter nature of injury in P ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or toy		(Caunty)	(State)
21. I certify that I attended the deceased from	that death		_M, from the LOORESS (Street, c		the date s	
PHYSKIAN'S John H. Hornbaker, M.	D.	Hage r s	town, Md	•		
220. BURIAL, CREMATION, 226 DATE THEREOF 220. NAME OF REST	CEMETERY OF		22d. LOCATION (City, town, or county)	MD.	(State)
23 FUNERAL DIRECTOR'S SIGNATURE. FREEZE	estle!	240. REC'D	BY REGISTRAR EP 2 9 '58	24b. REGISTRAR'S SI	GNATURE	

Accompany of

YS A15 (4) 15M 9/55

1 COUNTY	MARYLAND	o. STATE	b. COUNTY	Fee days of
b. CITY OR TOWN (If odiside corporate limits, write RURAL and give neotest lown)	c. LENGTH OF STAY IN 16	c CITY OR TOWN LIF	outside carporate limits, write RUI	RAL and give nearest town)
Petral leve	2 yrs. 7 ms.	Walker	sville 1	0 X
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddres\$	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Readiro Murrica Hom	<u> </u>			YES NO
3. NAME OF DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) CHARLES	LARL	DODSON	OF DEATH Sep	16 1958
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
m LL' WIDOWE		april 8, 18	71 67 yrs.	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Theries I	our mill	North (arolina	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
Charles M. Dods	on	Namue	andrews	2
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Vis., no. or unknown] [If yes, give wor or dotes of service]	SOCIAL SECURITY NO. 17. K	NFORMANT	Addres	Baxto, mol.
12	7 0 7 0 7 0 1 1 1	iro Jena	M. Etdsac 23	03 W. Laurace of
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (a)	in Cons	0110	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eccos	,413,	77-18-	Mum
DUE TO	5 Loty L	- 1 - 5	in the mini	Dar
Canditions, if any, which (b)	- LAL WY CO	((d)	Sep) I cellul	0 0 9
catise (a), stating the under-	2.12.	At ma	U	M.
lying cause tast. (c)	Jak Wa	Marian		
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAU DISEASE CONDITION GIVEN	PERFORMED?
	TRIBE HOW INJURY OCCURRE	D. (Fater nature of jaivry in I	Port Lor Port II of item 18.)	YES NO NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		o. (cines indicate or supery in t	arrar arrar narran	/\
	£	ACE OF INJURY (Hame, form tary, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
While of world wor	The state of the s		\	
21. I certify that I attended the decease	ed from 911	, 1958, to 9	1958	that I lost saw the deceased
olive on, 19	, and that death	occurred at		d on the date stated above.
7-100	(1)	11	ADDRESS (Street, city or town, etc	
ACTUAL SIGNATURE	my	M.D	E Con 12th	14 x 3/1)
PHYSICIAN'S LOUIS (-	S. Groft	1-100	enten W	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lawn, or	county) (State)
Buriel Sept. 18 1958	Pincey yra	re com.	Mt. Cirus	met.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS J	/	//	RAR'S SIGNATURE
J. C. Ballin, W	arkirorille.	med. DATE SE	P19'58 / Chil	49 S. Fliated
		/		



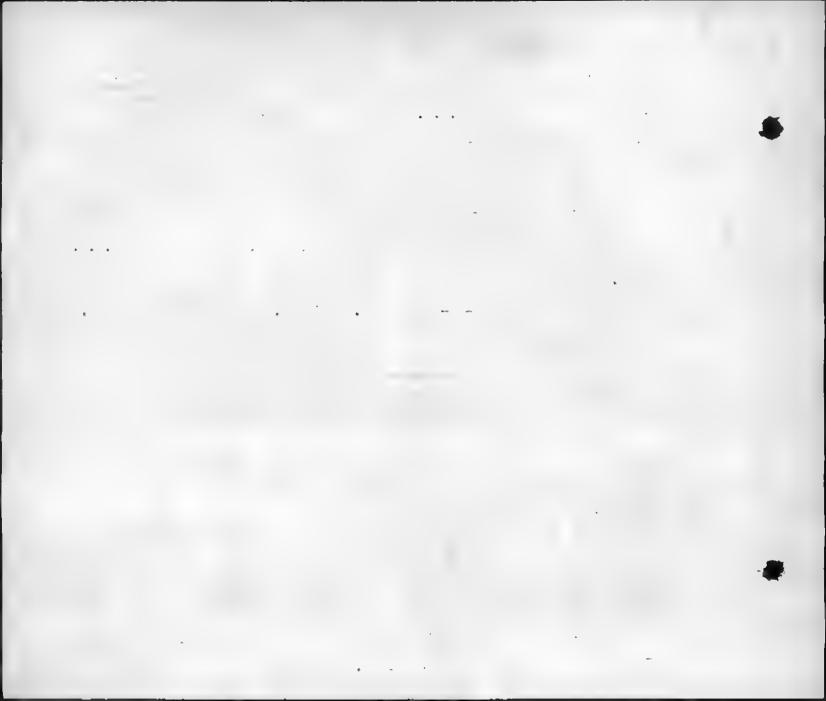
VS A15ME

5M 2/57

		1	
	OR ALT	STA H D	EPT.
within 24 hours after death. If any delay is necessory, please a 18. Give Pages 1, 2, and 3 to the funeral director. Page	ig with form PM3. Page 5 may be retained if you files, ermit. File pages I and 2 with the State Be. of Health,	d in ony event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	10620
TOP 22	Reg.	Dist. No. 302

1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
	Va.	shangton		MARYLAND	o STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (if a and give nears) lawe)	susside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	c. CITY OR TOWN (If outs'de corporate limits, write RURAL and g've neorest town) Faltimore					
	Hagerstown			D.O.A.							
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	pital, give street address)	d STREET	ADDRESS				e. IS RESIDENCE ON A FARM?	
	Washingt	on County 1	Hospit	al	421	l Flo	wertov	m_Road		YES NO M	
3,	NAME OF DECEASED	Fire	l)	Middle	Loss		4. DATE	Month	D	ray Year	
	The second secon	ILLIAM		JOSEPH	DUFFEY			September	7	19 58	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8 DATE OF BIRTH	1		Frank hard hall at 1		AR IF UNDER 24 HRS	
	Male	White	WIDOWED	94	Septemb	er_19	, 189	61 711.	rati Pa	Hours Min.	
16	lo. USUAL OCCUPATIO during most of working	N (G vs kind of work of life, even if retired)	dona 10b. K	IND OF BUSINESS OR INDU	TRY 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY	
4	Millwrigh	nt	Ai	rcraft Compan	y Hag	ersto	wn, ha	ıryland	U.	S.A.	
1;	3. FATHER'S NAME				14. MOTHER'S	MAIDEN	IAME				
	Otho S.					Mame	Crame	r			
	MAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war et dates af i		SOCIAL SECURITY NO 17	REFORMANT			Address			
	no		21	4-09-7648 1 N	rs. Regi	na M.	Bonne	r Hagerst	town,	Md.	
		H (Enter only one cou	se per line f	ar (o), (b), and (c).]					B	NTERVAL BETWEEN ONSET AND DEATH	
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)										
	420.0	DUE TO		1	-	1				., 0	
	Conditions, if an			Coronery	c ce	us	un			1/2 hora	
	gove rise to immediate couse (o), stating the underlying DUE TO										
	cause test.) (c),		were	eller	we,	/ year	1 such		5 years	
ğ	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G VEN	IN PART 1(c	PERFORMED?	
1		1								YES NO	
CERTIFICATION	PRIMARY OF CON	TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	Enter nature of in	jury in Port	l or Port II	of item 18)			
			Tank	To Tan						-	
MEDICAL	Hour a.m.		While		ACE OF INJURY (I tory, street, office	doma, form bldg., etc.	20f. (City	or town)	(County)	(State)	
×		19		rk ot work							
	21. I certify the	at I took charge	of the r	emoins described ob	ove, held on	Autopsy	у 🔲, 🛚 Іп	spection 4	Inquiry [, ond 'n my	
	opinion death r	esulfed from: 1	Votural c	ouses . Accident	, Suicide	· 🔲 🕒	-lomicide		ined mor	iner 🔲	
	1	1 5/	10	7						DATE SIGNED	
	SIGNATURE L	~//W	2	cus,	M.D CHIEF W	EDICAL EX	AMINER			9/	
	EXAMINER'S 77	E 111	77				AL EXAMINE			1/4/	
	NAME (Type)	TEV	141	1107	w Thirties	MEDICAL E	EXAMINER			130	
22	REMOVAL (Specify)				R CREMATORY		22d LOCAT	ION (City, town, or co	ounly)	(Stote)	
-	Burial	9/10/19	58		etery			stown,		land	
23	Suter-Rouze	er Funeral	Home	ADDRESS	163	740. REC'(D BY REGISTI	PAR 245. REGISTRA	r's signa	TURE	
	R. Frontili	· Rouge		Hagerstown,	VACL	DATESE	ip 9 '5	8 CVI.	un 8 th	iau.	



ADDRESS

24g, REC'D BY REGISTRAR

3 0 '58

DATE REP

24b REGISTRAR'S SIGNATURE Cirching & Frank

e. IS RESIDENCE ON A FARM? YES | NO

Haurs

INTERVAL BETWEEN

UNKNWON

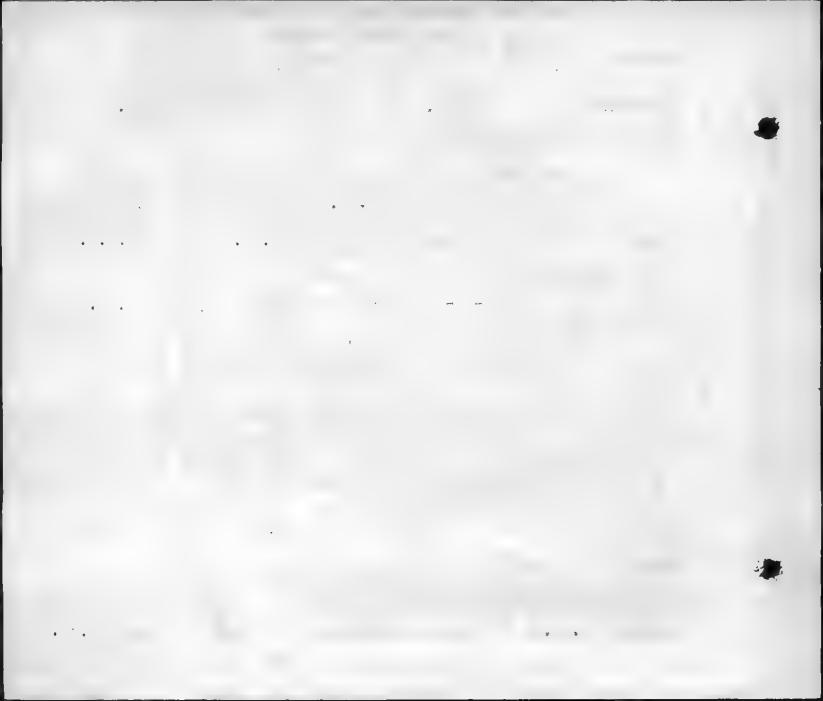
PERFORMED? YES NO

(Slote)

WEEKS

hours ofter death. requires that O 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 10/57

	1		
	neyal director,	d be filled with	
	by .	2 Pi	
	in pa	100	
	ly filled in by	oges	
	ete	opers. P	Ť.
	sicion and camp	corban po	er deoi
	hysician	nove cor	'2 hours after
	d guibr	Then please remove or	in 72 h
	ed by the attending	ald us	event within 73
	y the	Ę.	even
	in signed b	permit,	and in any
5	, Si	nsit	puo

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10624 **CERTIFICATE OF DEATH**

nto						- "	eg. Dist. 140	P
1. PLACE OF DEATH COUNTY Washi	ington	MARYLA	11	USUAL RESIDENCE (WHO STATE Md		If institution:	Residence before Washin	
b. CITY OR TOWN (If outs de c RURAL and give nearest lawr Hagerstown	n)	35 Min.	116	c CITY OR TOWN (IF o		mils, write RUR/	AL and give ne	rarest town)
d NAME OF HOSPITAL (If not OR INSTITUTION Wash. Co. Hos	in hospital, give street	oddress)		d. STREET ADDRESS 33 Eliza	beth St.	,		e. IS RESIDENCE ON A FARM? YES NO DE
NAME OF DECEASED {Type or print}	Jack	Middle	Eco	bona Lost	4 DATE OF DEATH	Month 9	1	oy Yeor 19 58
male wi	lite widow	-		ate of Birth une 15, 188	8 105	70 yrs.	under 1 Year	Hours Min
10a. USUAL OCCUPATION (Give I during most of working life, e Crane operator	kind of work dane 10b. ven if retired)	KIND OF BUSINESS OR	INDUSTRY	Florence	or foreign country) , Italy		12 CITIZEN C	F WHAT COUNTRY
13. FATHER'S NAME	***		1.	I. MOTHER'S MAIDEN N				
	Ecobona				known			
15 WAS DECEASED EVER IN U. S. [Yes, no or unknown] If yes, give:	war or datas of service]	NONE	Earl	Ecobona	Hagerst	Address own, Md		
IB CAUSE OF DEATH [Enle PART 1. DEATH WAS 0		ne for (a), (b), and (c).]					INT	ERVAL BETWEEN SET AND DEATH
IMMEDIA	ATE CAUSE (D)							27
420.0	DUE TO	10-		12	4		//	1/
Canditians, if any, which gave rise to immediate	DUE TO	Coun	ay	Com	zin	-5-		-
lying couse last.	(c)	extern	he	hits It	soul 1	Lecen	ت ا	Uleur
PANT II OTHER SIGNII		CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART I(a)	WAS AUTOPSY PERFORMED? YES NO
PART II OTHER SIGNII 20a ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUSE UIF EITHER, NOTIFY MEDICAL	LYING 206. DES E OF DEATH EXAMINER)	CRIBE HOW INJURY OCC	URRED (E	nter nature of injury in F	art I ar Part II of i	iem 18 }		
20c, TIME OF INJURY Month, Hour b. m. p. m.	Doy, Year 20d. II While at war	Not while	PLACE (foctory.	OF INJURY (Home, farm, street, affice bldg., etc.	20f. (City or tov	rn}	(Caunty)	(Stale)
21. I certify that I atte	ended the deceas	ed from 67/	<u>-5</u> ,		2-1-0	179 1	hat I last si	ow the deceose
olive on	1-5/12	, and that d	eoth oc	curred a	M, from the			ote stated above
ACTUAL SIGNATURE	2018	all)	M.D	Hey	DDRESS (Street)			DATE SIGNE
PHYSICIAN'S NAME (Type)	REW	TINTO	20	Short	ustin	J. Mrs	/	1/57
DCMONAL ISpaniful	ATE THEREOF	Rose Mi		EMATORY	22d. LOCATION (anuly}	(State)
23. FUNERAL DIRECTOR'S SIGNATI	URE	ADDRESS		24g, REC'E	BY REGISTRAR	¥	AR'S SIGNATU	Md.
Fred W. Kraiss	Hagersto	own, Md.		DATE S			hun S. Hr	

the same of the same of Le 5: 1 2 111

VS A15 (4) I5M 9/SS

10680

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Rea. Dist. No.

PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence STATE Md. e b. COUNTY Wasb	ce before admission) lington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg 40 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and of Smithsburg	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 28 S. Main St.	IS RESIDENCE ON A FARM? YES NO	
3. NAME OF Eirst Middle (Type or print) Daniel H.	Eshleman death Septemb	oer 21,1958
	B. DATE OF BIRTH March 31, 1887 9. AGE (In yours IF UNDER lost birthdoy) 71 yrs. Manihs	1 YEAR IF UNDER 24 HRS Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general store	Ranson, Kansas	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Daniel Eshleman	(last mame) H	lorst
	ora M. Eshleman, Smithsburg	g, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Liver failure DUE TO	(hepatic coma)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause [o], stating the under-lying couse lost. (b) Cirrhosis of 1 DUE TO	iver tic) heart disease	months vears
		T 1(a) 19, WAS AUTOPSY
Teneralized arteriosclerosis	XXXXXXX	PERFORMED? YES NO.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
70c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while for work of work of work	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (C	County) (Slate)
21. 1 certify that I attended the deceased from 9/21 alive on 9/21/58 , and that death	19 58, to \$\frac{9\cdot 21}{21}, 19 58, that 10 occurred at 9\cdot 05pM, from the causes and on the	last saw the deceased
ACTUAL SIGNATURE John C. Stauffen	ADDRESS (Street, city or lown, stote) M.D. 145 3. Prospect Street	DATE SIGNED
NAME (Type) John C. Stauffer L.D.	Hagerstown, aryland	
	Cemetery Smithsburg, Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246 REGISTRAR'S SIG	
Scott F. Minnich & Son, Smithsbu	irg, Md DATE 25 58 Cartua & A	Valle.



Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b** COUNTY Washington c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hancock Maryland. o. IS RESIDENCE ON A FARM? YES NO IN Month Day Year 9 58 10 9. AGE (In years last birthday) 9. Yrs. IF UNDER TYEAR IF UNDER 24 HRS Months | Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Everts Hancock Maryland. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO D (County) (State) 19-2, that I last saw the deceased alive an and that death accurred TM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREO 22c, NAME OF CEMETERY OR CHESCOCKY 22d LOCATION (City, Igwn, or county) (State) REMOVAL [Specify] Burial Rehobeth Methodist Fulton County Penna. 23 FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 6 '58 arthur S. Kraus

hoy be eBod 0



ofter death



10626 10626 CERTIFICATE OF DEATH Reg. Dist. No. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) BROWNSVILLE HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NO WASH.CO.HOSPITAL NAME OF First Middle Lost 4. DATE Month DECEASED DEATH SEPTEMBER 20 (Type or print) LINDA RRAVEL 195819 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH MARRIED NEVER MARRIEDIFT fast birthday] Months WIDOWED [DIVORCED | 1952 HEMMATH 6 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. HOME HAGERSTOWN WASH.CO.MDL puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician JAMES R. FRAVEL DOROTHY MILLS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2 JAMES R. FRAVEL BROWNSVILLE NCWASH.CO.MD. NONE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) [19. WAS AUTOPS) PERFORMED? YES X NO 🗌 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or fown) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (Slote) (County) factory, street, affice bldg., etc.) Havr a. m. White Nat while of wark of wark 9-20 ___ 19_58 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2 15 P. M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED det E. Margaret Sullivan, M. D. ACTUAL SIGNATURI 314 N. Potomac St. PHYSICIAN'S Hogerstown, Maryland NAME (Type) may be 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town or county) 22c NAME OF CEMETERY OR CREMATORY CEMETERY BROWNSVILLE SEPT.23 BROWNSVILLE HIGHTS MD. 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE SEP 2 6 '58 arthur S. Through VS A15 (4) 15M 9/55

certificate

death

that å

TOR

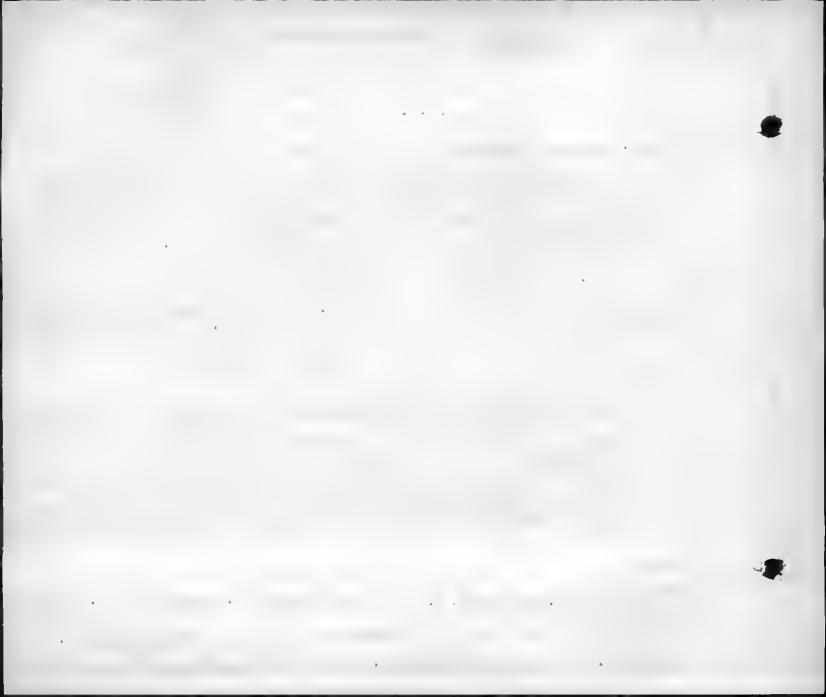
ă

6



VS A15 (4) 15M 9/55 I

1062	7 CERTIFICA	ATE OF DEATH	l R	10627
1. PLACE OF DEATH o. COUNTY Sh ngton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution. THE SHING TO	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town	D. O. A.	c CITY OR TOWN (IF or	utside corporate fimits, write RUR	
d. NAME OF HOSPITAL (If not in hospital, give street of institution [17 8h County Hosp:		d. STREET ADDRESS 706 Sun.h.i	t Ave	e. IS RESIDENCE ON A FARM? YES NOWN
3. NAME OF First DECEASED (Type or print) BESSIE	Middle MAUG/HS	Lost GARVIN	4. DATE Month OF DEATH Septemb	Dey Yeor Der 20 1958
Fenale White WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 11 188	9 AGE (In years left last birthday) N	UNDER I YEAR IF UNDER 24 HRS Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) HOUSEWIFE	6. KIND OF BUSINESS OR INDU	Edgemont	Wash Co Ld.	USA
David M. Naugans		14. MOTHER'S MAIDEN NA Susan I	Forrest	
(Yes, no, or unknown) No	None A		Address 706 Sumid	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).	Hagerston	titl	INTERVAL BETWEEN ONSET AND DEATH FROM MUMAL
Conditions, if any, which gove rise to immediate	Complete	beaut	block	1git
lying couse last.	arterios	lent's h	eart diseas	e years.
Payr 11. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING (1) 20b. D OR CONTRIBUTING (1) CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCONING TO BEATH BUT ANCH () A ESCRIBE HOW INJURFOCCURRE	scending	Calon (rem	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ACE OF INJURY (Home, form,		~
Hour c. m. 19 Whit of w	le Not while fa	ctory, street, office bldg., etc.)	Con Control	(County) (State)
21. I certify that I attended the dece	, 70		M, from the causes and	hat I last saw the deceased I on the date stated above
ACTUAL SIGNATURE / Lightand	1. Binfor	W.D.	DORESS (Street, city or town, state	DATE SIGNED
PHYSICIAN'S NAME (Type) RICHARD T. BINE (CAVE. HAGERST	
270. BURIAL, CREMATION, REMOVAL (Specify) BUT13] 23. FUNERAL DIRECTOR'S SIGNATURE	Rose Hill Co	emetery	Hagerstown T	ash Cold
	dagerstown ma			AR'S SIGNATURE



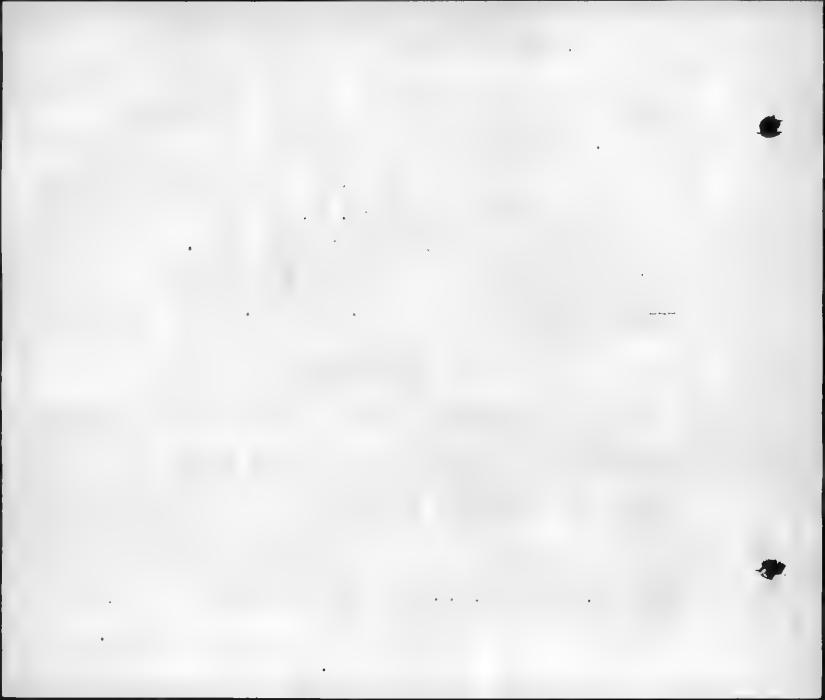


I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1	17	6	2	()

7. 1	COUNT Washi	ngton	***************************************	MARYLAND		where decreased live		sidence before admission) ashington
	CITY OR TOWN (If at and give nearest town)		e FURA.	E. LENGTH OF STAY IN 16	c CITY OR TOWN (I	f outside corporate	limits, write RURAL	and give nearest town)
	Funkstown				X Rural	Hage	rstown	
d	I. NAME OF HOSPITAL	OR INSTITUTION (if nat in hospit	al, give street address)	d. STREET ADDRESS			. IS RESIDENCE
	US#40A	of mi eas	t Funks	town	Rout	ie5	**	YES NO
+ (NAME OF DECEASED	Fir	27	Middle	Last	4. DATE OF	Month	Day Year
		illip	Ra		llove	OCCUPATION AND	ptember	22 19 58
5, 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 1	DATE OF BIRTH	9 AG	heath days	DER TYEAR IF UNDER 24 HES
	Male	White	WIDOWED [DIVORCED [lug. 28, 19		A yrs. Manth	Days Hours Min.
10a	USUAL OCCUPATION Uring most of working	(Give kind of work	done 10b KIN	ID OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (Stole	or fareign country	12	CITIZEN OF WHAT COUNTRY
	Driver			Trucking	Fiddlers	burg M	id.	
13.	FATHER'S NAME			1 1000	14. MOTHER'S MAIDEN	NAME		
	Willia	m W. Goo	llove		Katheri	lne Kni	ght	
15.	WAS DECEASED EVER	IN U S. ARMED FO	RCES? 16. SC	CIAL SECURITY NO. 17.			Address	
,		, , , , , , , , , , , , , , , , , , , ,	Service/	Ma	s. William	W. God	love Re	oute 5
	18 CAUSE OF DEATH	Enter only one cou	se per line for					INTERVAL BETWEEN
	PART I DEATH	WAS CAUSED BY:	On	en fractured	skull			ONSET AND DEATH
	`/ x "	DUE TO						and the same of the same
	Conditions, if ony			ltiple fractu				
Н	gove rise to immedia	te couse	H	emorrhage and	bhock			
Н	(a), stating the un	Gerrying						
2	PART II, OTHE			TR BUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN F	PART I(a) 19. WAS AUTOPSY
Z		None						PERFORMED? YES NO T
CERTIFICATION	200. EXTERNAL CAUSE PRIMARY A or CONT CAUSE OF DEATH.	E WAS RIBUTING []	Deceas	ow INJURY OCCURRED (I	nter noture of anjery in For	hat was i	nvolved :	in a collison
3	20c. TIME OF INJURY		ar 20d INJ	URY OCCURRED 200 PLA	CE OF INJURY (Home, form	n. 120f (City or fav	vn) (County) (State)
MEDICAL	12:55p. m.	-0-21- 19	58of work	Next substant 100.7	ory, street, office bldg , etc Ii ghway		Hagersto	wn Wash Md
				moins described abo		y , Inspec	tion XI. Ina	uiry . and in my
				uses []. Accident			Undetermine	· · ·
	5	100-	~	-00				ti-mark
	ACTUAL SIGNATURE	roteer	. I n	rells	_M.D CHIEF MEDICAL EX	KAMINER [DATE SIGNED
	EXAMINER'S	O Datas	W. 11.	M. To	ASSISTANT MEDIC	AL EXAMINER		
	NAME (Type)	S. Robert	MOTTE,	M. P.L. D.	DEPUTY MEDICAL	EXAMINER 📆		9-22-58
220	BURIAL, CREMATION REMOVAL (Specify)	276 DATE THEREC)F 22	NAME OF CEMETERY OR		22d LOCATION	C ly, town, or count	y) (Store)
	Burial	9-24-5	8	Rest Haven	Cemetery	Hage	rstown	ind.
	FUNERAL DIRECTOR'S			AODRESS		D BY REGISTRAR	246 REGISTRAR'S	
	Minnich I	uneral l	Home	Hagerstow	1 Md . DATE	SEP 2 5 '58	arthur	S. Kines



VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10629	CERTIFIC	ATE OF DEATH	ł	Reg. Dist. No.	302
1. PLACE OF DEATH o. COUNTY "Ashington	MARYLAND	2. USUAL RESIDENCE (WASTATE 1/2,7 - land	ere deceased lived. If insti	tution: Residence before	admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, writ		st town)
He sarstown	4 His	Hagers	town		
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e.	IS RESIDENCE
or institution county Hospi	tal	134 So P	otomac St		ON A FARM? YES NO 🔼
3. NAME OF First DECEASED (Type or print) HATTE	Middle BELL (losi GROVES	4. DATE OF DEATH Septe	Month Doy	Year 19 58
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In year		UNDER 24 HRS
Fenale white wnow	ED TO DIVORCED	July 15 18	878 lost birthdo	Y) Months Days	Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Stote	or fareign country) V	EL . 12. CITIZEN OF	WHAT COUNTRY
Rooming wouse operat		Front Roy	al Warren	Co USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Ewell Rose		Eliza J	ane Croves	t	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1	Address	
(Yes. no. or unknown) If yes, give wor or dates of service		Miss Naomi F	Rose 124 So	Potomac	st
18 CAUSE OF DEATH [Enter only one cause per I	ine for (b), (b), and (c).	hagei	es town Life		VAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Palmonon	. Idema	1	ONSE	AND DEATH
24 DUE TO	arterisclant	e Heart l	horal.	16	Gen.
Conditions, if any, which) (b)	Diosekes	melleta	0	.3	410
gove rise to immediate cosse (a), stating the under lying cause last.	artroscle	yors.	Perent	6	En.
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19.	WAS AUTOPSY
240 X					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS. 20d ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	Port I or Port II of Item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form,	, 20f. (Cily or town)	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 of wo	THOU WHITE	actory, street, office bldg., etc.	<u></u>		
21. I certify that Pattended the decea	sed from tob, 2	19//, 10 00	14427 194	that I last saw	the decease
alive an Joseph 277) 180	and that deat	h accurred at 1130.	M, from the cause	s and an the date	stated above
1 5. VII.d	,		ADDRESS (Street, city or to-		DATE SIGNE
SIGNATURE MYSE	mor	M.D. 159 W. Was	shington St.	Hagerstown	. Md.
PHYSICIAN'S Philip J. Hirs	hman, M.D.				9/29/
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, tow	m, or county)	(State)
Burial 9/30/58	Rose will C	en.etery	H gerstown	777 2 0	l.d.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'C	D BY REGISTRAR 24b. RE	EGISTRAR'S SIGNATURE	
Andrew K. Cofinan Ha	geratown ma.	DATE (OCT 2 '58	ar hung of this	44



bio helps the . see that i have the 一大道:

0000	CERTIFICATE	OF DEAT
0630	CERTIFICATE	OL DEVI

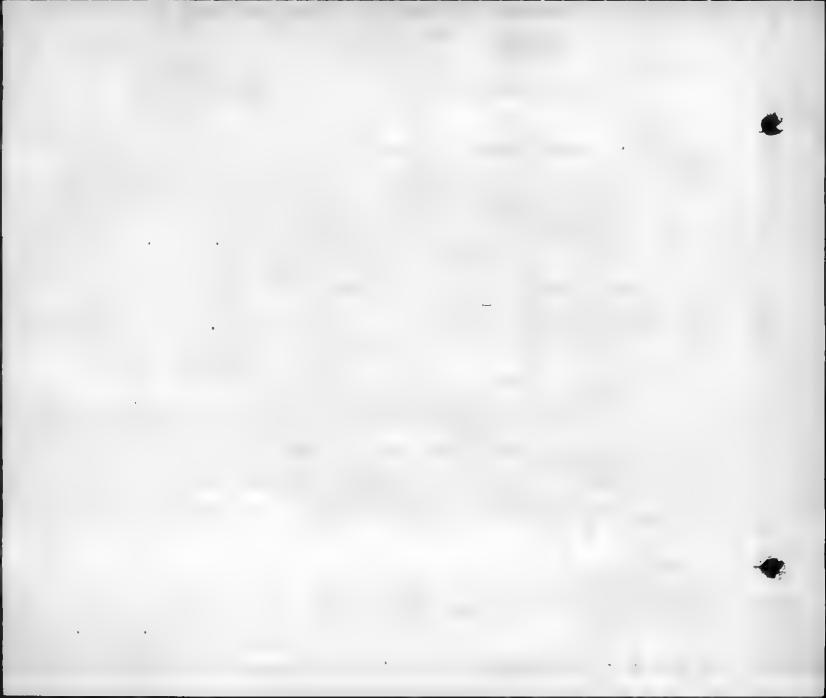
0630	CERTIFICATE	OF DEATH

	1111		CERTIFIC		LAIII		Reg. Dist. No	, OUZ
1. PLACE OF DEATH of COUNTY & Shin	ton		MARYLAN	II A CTATE		sed lived. If institution		ere admission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	ils, write	c. LENGTH OF STAY IN 1			porote limits, write RUR	AL and give ne	arest town)
	rstown		2 Days	Ha.	_e.sto~n			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	oddress)	d STREET A	DDRESS			e. IS PESIDENCE ON A FARM?
Tash.	A 1 . 71	oapi	tal	21	Elizabet	h gt		YES NO 🔼
3 NAME OF DECEASED	Fi	rst	Middle	las	4. DATI	Month	De	oy Yeor
(Type or print)	RALPH		VICTOR	HARNE	DEA	m Septemb	er 4 1	195819
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTI	н	h . h . a	UNDER 1 YEAR	R IF UNDER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	April	10 1891	67 yrs "	nonins Days	Hours Min.
100 USUAL OCCUPAT during most of wi	ITON (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IN				12. CITIZEN C	OF WHAT COUNTRY
Lubore	er	Ce	ntral Chem		stown W	sh. Cod	•	USA
13. FATHER'S NAME					MAIDEN NAME			
Alvey	Harne			S	ally Gow	er		
15. WAS DECEASED ET	VER IN U. S. ARMED FOI (If yes, give wor or dates of	service)		, INFORMANT		Address		
No		214	-09-9811	Calvin H	larne Jr	21 Elizah	beth S	t
18. CAUSE OF D	EATH [Enter only one co	ouse per li	ne for (a), (b), and (c)/	Hae	erstown	hd.	INT	ERVAL BETWEEN
PART 1, D	EATH WAS CAUSED BY. IMMEDIATE CAUSE (1	cute lon	restore	Heart :	Failure.	3	SELAND DEATH
260 x	DUE TO				,			,
Conditions, if		a Cit	tri sch	notic Ca	chiorascu	len Slean	4 5	fara
gove rise to codse (o), stotin			1	444			V	À
lying cause los			seabotes /h	elletus			6	Mari
PART II. O	THER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART 1(o)	WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Parl 1 or f	Port II of item 18)		
ZOC. TIME OF INJU				FLACE OF INJURY I	Home, farm, 20f. (C	ity or town)	(County)	(Stole)
D. m	10	White of wor	k at work					
21, I certify	that I attended the	deceas	ed fram Devi	19.0	. ta 7	JUN 192 1	that I last so	aw the deceased
alive an	4 Jen	_ 12.		oth accurred at	5 PM fr	om the causes and		
	1	5	0			(Street, city or lown, sta		DAIL NONED
ACTUAL SIGNATURE	- IN	Ni	son	_м.р135	5 NO POI	ONIAC ST	9	15/58
PHYSICIAN'S NAME (Type)	6/D.W	41 E	M.E.	HAGE	LNG FOWN,	WARYLA:	' /	
22a. BURIAL, CREMAT REMOVAL (Specil)F	22c. NAME OF CEMETER			ATION (City, town, or		(State)
Burial	" 9/7/58		Funkstown	Cemeter	y Funk	stown Wash	h. Co l	Ld.
23. FUNERAL DIRECTO		YT	ADDRESS	3	24a. REC'D BY REG		AR'S SIGNATUI	
Andrew	K. Cof m.	n Hau	gerstown La	l.	DATE OF D. A	169 71.	1 - 8 45.	- 1 A

funeral director, id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or altending physician

TO FUNERAL DIFFOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar pring to burial, cremation, ar remayal, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/S\$

I



191

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10633

10684

Reg. Dist. No.

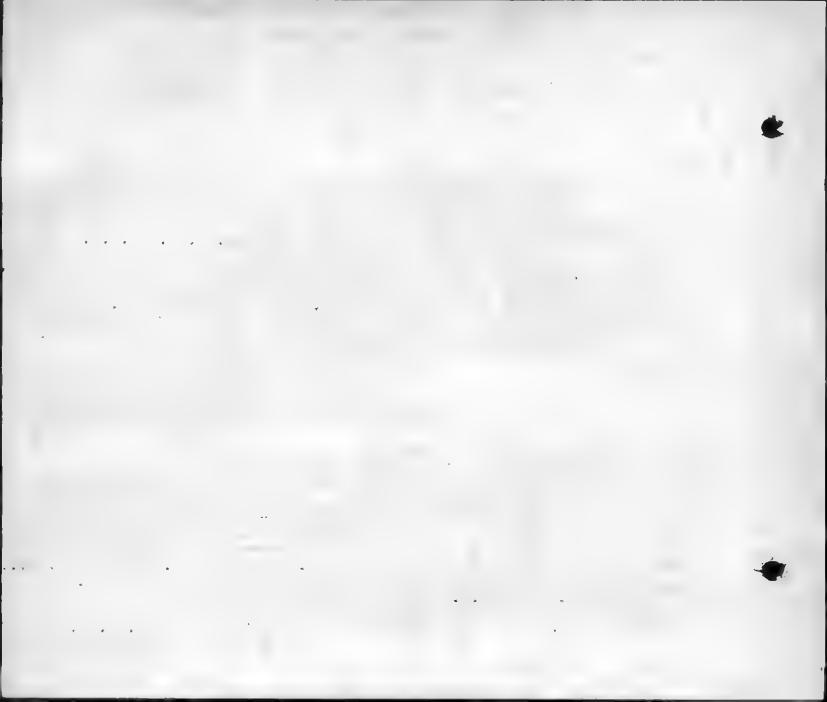
1	1. PLACE OF DEATH 0. COUNTY	ASHINGTO	V	MARYLANI		SIDENCE (W	here deceased	lived. If institute b. COUNTY	on Reside	nce belo	re admiss	rou)
	BIG SPRI	f outside corporate limi carest town) ING	ls, write	c. LENGTH OF STAY IN 19		EG SP		ate fimils, write R	URAL and	give nec	arest fowr	1)
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street		d STREET BIG			AD				IDENCE FARM? NO (1)
	3. NAME OF DECEASED (Type or print)	HOUAR		Middle PAUL	HART	ost	4. DATE OF DEATH	Mon		Da 5		Yeor
	5. SEX			HED NEVER MARRIED	1100102			9 AGE (In years fast birthday)	IF UNDER	/	,	19 58 ER 24 HRS Min
	100. USUAL OCCUPATION of work THACKT AT	ON (Give kind of work or ing life, even if retired	lone 10b. ₩	.M. RATLRO		PLACE (SIONE ARYLA		unity)		S. A		COUNTRY
	13. FATHER'S NAME ARTHUR	HART			14 MOTHER MARY	S MAIDEN	-					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT	HTIC	HART	BIG 3	PRIN	G,M	L.	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny. which (b)		ily for	ie d	200	+ i	ilu:	Anagement of State		RVAL BE	
	20g ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY OCCUR					EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
	20c TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Yeo 19	While	NURY OCCURRED 20e. Not while	PLACE OF INJURY foctory, street, offi	I Home, form ce bldg., etc	n, 20f (City	or town)	(County)		(State)
	21. I certify the olive on	at lottended the	decease _, 12 \(\frac{1}{2}\)	ed from X for S			M, from	the causes of set, city or town,	ind on t	lost so he dat	the state	decease ed obove ATE SIGNE
	Property (Specify)	9/8/58	F	22c. NAME OF CEMETERY ST. PAUL:				ON (City, town, o	r county)	n.	(State	=}
	FUNERAL DIRECTOR	SIGNATURE	k	CLEME SPE	LNG,AD.	240 REC	D BY REGISTR	AR 24b REGIS		GNATUR	E	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10631

CERTIFICATE OF DEATH

				Keg. L	PIST, ING.
PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Wh	nere deceased lived. If Institution, Reside	ince before admission)
WASHINGTON	V	MARYLAND	MARYLAND	b. COUNTY SHIN	IGTON
b. CITY OR TOWN (if outside corpor RURAL and give nearest lown)	ote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and	give nearest fown)
HAGERSTOWN		3 WEEKS	23 HAGERSTO	NWC	
d NAME OF HOSPITAL (If not in hos OR INSTITUTION	spital, give street		d. STREET ADDRESS	J1121	e. IS RESIDENCE
WASHINGTON CO			933 MARYI	LAND AVENUE	YES NO T
	First	Middle			
NAME OF DECEASED (Type or print) MA	KINE	ELIZABETH	HAUPT	DEATH SEPTEMBER	1958 19
SEX 6. COLOR OR	RACE 7. MARI	RIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
FEMALE WHITE	E WIDOW	ED DIVORCED	APRIL 13 1	1918 40 yrs	Days Hours Min.
O USUAL OCCUPATION (Give kind o	f work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slote	or foreign country) 12. C	ITIZEN OF WHAT COUNT
during most of working life, even if HOUSE WIFE	' -	WN HOME	ROONSBORG	WASH.CO.MD. U	J.S.A.
FATHER'S NAME		WIN HOULD	14. MOTHER'S MAIDEN N		,
METTERN M T/	OMEIG		PAULINE S	2MTTU	
MELVIN M.J.(. WAS DECEASED EVER IN U. S. ARMI		SOCIAL SECURITY NO 17.	INFORMANT		ATENITE
es, no or unknown) (If yes, gave wor er	duter of service)				
NO			ELVIN M.JONE	ES HAGERSTOWN N	
18. CAUSE OF DEATH [Enter only				mi white larger	ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIATE CA	ED BY. NUSE (o)		carcinoma,		10 mon.
	DUE TO		astinal, cer	ebral, and	
Conditions, if ony, which)	(b)	hepatic me	etastasis		
gove rise to immediate couse (a), stating the under	DUE TO				
lying cause lost.	(c)				
PART II. OTHER SIGNIFICAN		CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY
None					PERFORMED?
200 ACCIDENT WAS UNDERLYING	[7] 20b. DES	CRIBE HOW INJURY OCCURE	ED (Enter nature of miury in f	Port I or Port II of item 18.)	1 12 11 110
PANT II. OTHER SIGNIFICAN NOTE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [IF EITHER, NOTIFY MEDICAL EXAM	DEATH MINER)	-	•	·	
20c. TIME OF INJURY Month, Do Hour o. m, p. m.	While	NJURY OCCURRED 29e. I Nat while ik of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	20f (City or town)	(County) (State
21. I certify that I attende	ed the deceas	ed from 2-23	, 19.58, to	9-25 19 58 that 1	lost saw the decear
alive on 9-25	. 19			OM PMm the causes and on	
00		110		ADDRESS (Street, city or town, state)	DATE SIGN
ACTUAL SIGNATURE	4.4	Mckne)	131 W.Wa	shington St. Ha	geretowny
SIGNATURE		70,000	.M.D		Md.
PHYSICIAN'S John H.	Kehne	M D			Ma.
			0.000	Ind to stroke of	
BELLONIAL ICAMANA		8 BOONSBORG		BOONSBORO WASH	
	· 20 17)	DOONSBORE	ATTITUTE TOTAL	DOOUND DOLLO HADII	* 0 O * 141D *



VS A15 (4) 15M 10/57

		10632	CERTIF	CATE OF DEAT	H	Reg. Dist. No.
	ACE OF DEATH COUNTY Was S	hington	MARYLA	ii o. STATE to	here deceased lived. If institution and b. COUNTY	n: Residence before admission) Washington
-		outside corporate limits, warest town)	rile c. LENGTH OF STAY IN	1b c. CITY OR TOWN (IF	outside corporole limits, write RU	
d.		AL (If not in hospital, give s		d STREET ADDRESS	tomac Street	e. IS RESIDENCE ON A FARM? YES NO X
3 NA	AME OF CEASED (pe or print)	First	Middle Ciristine	HAWBAKER:	4. DATE Month OF DEATH Sept	h Day Yeor
5. SE)	on le		MARRIED NEVER MARRIED	0 7000	9. AGE (In years	Morths Days Hours Min
10a. t	USUAL OCCUPATION	N (Give kind of work done ng life, even if retired)		NOUSTRY 11 BIRTHPLACE (Stole	e ar fareign country)	U. S. A
13. FA	THER'S NAME	ichael Nef	f	14 MOTHER'S MAIDEN	name 11 Bockman	
15, W (Yat, 1)	AS DECEASED EVER	IN U. S. ARMED FORCES? I yes, give wor or dates of service)		Ilrs. Chorle	Addre s Hart Willi	la sport Ma.
18		TH [Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a) (5) yand (c).]	on Occlu		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if on gove rise to im couse (a), staling to	mediate (antro	clastu Hear	L Deserve	.?.
CATION	PART II OTH	FR SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	Ga. ACC DENT WAS OR CONTRIBUTING F EITHER, NOTIFY /	UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of injury in	Part I ar Part II of item 18.)	
MEDICAL	C TIME OF INJURY Hour o.m. p.m.	V	Od. INJURY OCCURRED /hile Not while work of work	PLACE OF INJURY (Home, fore factory, street, office bldg., etc.)	n, 20f. (City or town)	(County) (State
a	live an_del	at Lattended the dec			ADDRESS (Street, city or town, s	
PI	CTUAL IGNATURE /// HYSICIAN'S IAME (Typo)	Philip J. H	irshman, M.D.	M.D. 159 W. Wai	shington St.,Ha	gerstown,Md. 9/1
R	BURIAL, CREMATION REMOVAL (Specify)	Sent. 14.	22c NAME OF CEMETE -58Diverview		22d. LOCATION (City, town, or William por	. **
23 FU	NERAL DIRECTOR'S	SIGNATURE	ADDRESS	24g. REC		TRAR'S SIGNATURE



within 24 hours after death



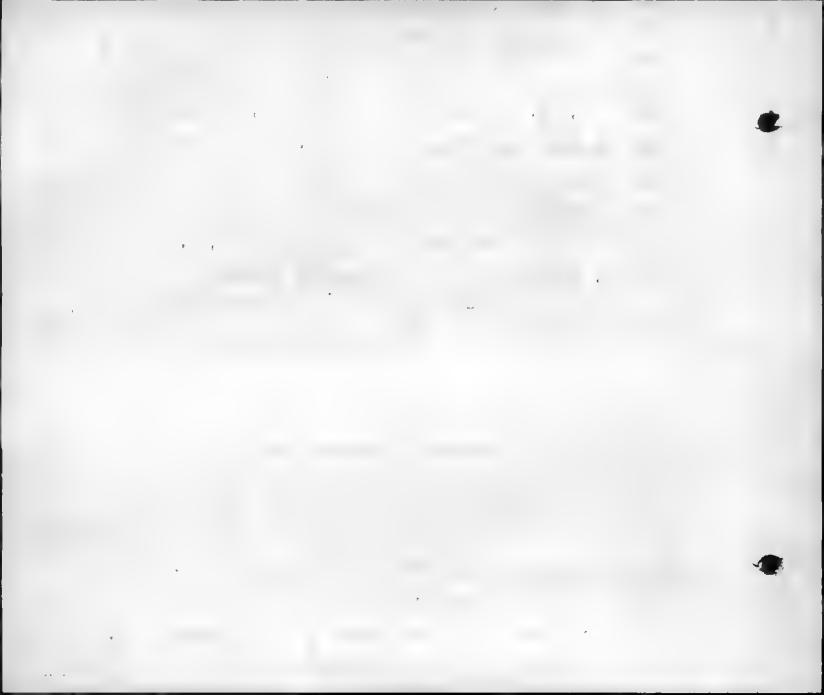
10634 CERTIFICATE OF DEATH

ter. Dist. No. 10637

	1424				weg. olst.	140.
1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	2 USUAL RESIDENCE (W. STATE MATVLANG	here deceased lived If b. CC	institution Residence	before admission)
b. CITY OR TOWN (If outside corporate	limits, write c. LEN	GTH OF STAY IN 16		autside corporate limits,		
RURAL and give nearest town) Lageratewn, King	4. 52	yr:	07	wn, Maryl	_	
d NAME OF HOSPITAL (If not in hospit OR INSTITUTION	tal, give street address)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Washington Coun	ty Respit	al	342 H. J	enathan S	treet	YES NO
3. NAME OF DECEASED (Type or print)	First A	Middle	Jek nsen	4. DATE OF DEATH SE	Month 1	Day Year 0 19 58
	ACE 7. MARRIED [NEVER MARRIED	DATE OF BIRTH			EAR IF UNDER 24 HRS
Male Colore		DIVORCED [March 4 19	9 AGE (in last bir)	hday) Months Do	bys Hours Min.
Do USUAL OCCUPATION (Give kind of widering most of working life, even if re	rork done 10b, KIND O	F BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	ar foreign country)	12 CITIZE	N OF WHAT COUNTRY
Laberer		ener	Tallings	water W. Va	US	SA
3 FATHER'S NAME			14. MOTHER'S MAIDEN			
Charles I. John			Ethlie"	Helly 185	Berkson	ATO.
(Yes no or unknown) (If yes, give wor or date	m of tervice)		FORMANT		Address	
_ ne			s Esther R	lenree 185	Berksen	AVE.
18 CAUSE OF DEATH (Enter only or		i. (b). and (c)	, 0 , .			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	SE (a)	101	phyria			, week
1. 2 DU	E TO		V			
Conditions, if any, which	(b)					
gave rise to immediate (cause (a), stating the under-	E TO					
lying cause last.	(c)					
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART I	(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT (PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE-	206. DESCRIBE HO	W INJURY OCCURRED	(Enter nature of injury in	Port t or Port II of item	18.)	1 - 9
3 20c. TIME OF INJURY Month, Day,		CCURRED 20e PLA	CE OF INJURY (Hame, for	n 204 (City or town)	15-	-1.1 /51-1-1
A Hour a.m.	While Na	t while fact	ary, street, office bldg., et	[.]	(Cou	inty) (State)
	0, 2017 [] 0,					
21. I certify that I attended	the deceased fran	n	, 19, ta		9,that I las	it saw the deceased
alive on	19	, and that death	accurred at	LM, fram the cau	ses and an the	date stated above
~?	10.0.	2 // 100		ADDRESS (Street, city or	lown, state)	DATE SIGNED
SIGNATURE SIGNATURE	well Will	SELL AW N	LD	************		
PHYSICIAN'S NAME (Type)	4 k 4	8 mm 8		en an opposite an out on the party and the same of the same of		
220 BURIAL CREMATION, 226 DATE THE	EREOF 27c. N	AME OF CEMETERY OR	CREMATORY	22d LOCATION (City.		(State)
Burial 9-15-1			emetery	Williams		(4.0.0)
23 FUNERAL DIRECTOR'S LIGNATURE		DRESS			REGISTRAR'S SIGNA	ATURE
Work K Water	1011 91 Y	Lacrole	TO MODATE SI		arihung S. +	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DISTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should the feached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar produced to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Washington

c CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) Maryland IS RESIDENCE ON A FARM? 414 M. Jenathan Street YES NOTE Day Month Year 10 19 IF UNDER I YEAR IF UNDER 24 HRS AGE (In years Months Days Hours 12. CITIZEN OF WHAT COUNTRY? usa Address Jenathan INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PEPFORMED? YES NO NO (County) (Stole) ___, 19.5 \subset_that I last saw the deceased A. M. fram the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED LOCATION (City town, or county) (State)



ĭ		dir	led g	1
TO HOMIALOR ATTENDING PHINICIAN: The low requires that the death certificate be executed within 24 hadrs offer death. For		TO FUNERAL PRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct	page 3 show detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 build be filled	
8		une une	9 P	
1e			P	
9		Ž.,		L
500		2	Pu	
7		ed i	_	
2		Ē	ges	
2		<u>حر</u> رو	2	
Ö		ple	5.	
CO		E	gb	4
exe		P	O.	Æ
ě		ő	욘	è
e		Ö	9	Š
ž		hysi	NOV.	2110
er		4	Tel.	5
Ě		di.	980	
9		ten	픕	- it
ņ		0	6	42
ō		ŧ	Ė	476
2		Ã P	ij.	A U
eis		9ue	Per c	. 4
څ	Ü.	15	- E	700
3	Sici	eer	100	-
ė	phy	os fr	-	OVC
=	5	ě	buri	E
Z	ipui	icat	he	10
2	offe	artif.	05 1	00
7	20	S Ce	920	J. Colin
2	0	in in	0 70	Lenn
Z	may be retained by the haspital or attending physician.	Fre	P P	-
Ž	e h	₩:	sche	Det Fie
1	Y th	ō	det	0
×	Q P	C	Ď	Jo
Ö	ine	ò	2	9
3	reta	¥	hor	front
Ž	2	筹	S	SICH
2	ò	2	oge	P F
9	E	0	۵	the registrar after to harried cremotion or removal and in any event within 72 hours after death.
		-		

	1063	36	CEI	RTIFIC	ATE OF	DEAT	H		Reg. Di	ist. No.		
1. PLACE OF DEATH	ASHINGTON	I	,	MARYLAND	2. USUAL R		here deceased YLAND	l fived. If institut b. COUNTY			re odmiss [GTO]	
b. City or fown (outside corporate lim	ils, wrile	c LENGTH OF	YRS.	e. CITY (HAGE	R'STOW	N limits, write f	RURAL and	give nec	arest fown	1
WASHING	AL (If not in hospital, ION COUNT		SPITAL			cKEE	AVE.				e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	ELMER	rst CH	ARLES	liddle J(ONES	lost	4. DATE OF DEATH	SEPT.	oth	5		Yeor 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	WIDOWE	- 44	ORCED 🔲	12/	5/188		9. AGE (In years lost birthdoy)	Months	Doys	Hours	R 24 HRS Min.
RETTRED	N (Give kind of work ing life, even if retired WOOD WORK	done 10b	FURNITI		STRY 11 BIRT	MARYI		ountry)	12. CI		A.	COUNTRY
13. FATHER'S NAME IVERSOI	n s. Jone	es				R'S MAIDEN						
15. WAS DECEASED EVE	R IN U. S ARMED FOI (If yes, give war or dates of	service)	19-07-		MR. H	AROLI) E. J	ONES	RAGFF	STO	DEN ID.	
	nmediale (C	eron	3+4		ond	Her	+11	(256	ONS	ERVAL BE SET AND E 1	
PART II. OTH	IER SIGNIFICANT CON	-10	ONTRIBUTING TO	MES	44				VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMF0? NO []
Y 20c. TIME OF INJURY	Y Month, Doy, Ye	xor 20d IN While of work	Not while_	20e. PL fo	ACE OF INJUR	Y (Home, for fice bldg , el	m, 20f. (Cily c.)	or lown)	(County)	-	(Stole)
21. I certify the alive an S. A. ACTUAL SIGNATURE PHYSICIAN'S 1	at I attended the	decease 19					CM, fran	the causes of treet, city or lown,	and an t		te state	
220 BURIAL, CREMATION REMOVAL (Specify)	9/8/58		220 NAME OF ROSE		R CREMATORY CEM.	728		ION (City, fown, ERSTOW)).	n c	0)
23 FUNERAL DIRECTOR	SIGNATURE SIMILAT	Ale	ADDRESS-	low	. me	N	D BY REGIST		STRAR'S SI		_	



requires that the



10685 CERTIFICATE OF DEATH

		1	{}	b	4	ì
nia	No					z-4"

	7005	U	CERTIFICA	TIL OI DEAD			Reg. Dist. No	D.	
1. PLACE OF DEATH a. COUNTY	Washingt	on	MARYLAND	2. USUAL RESIDENCE (W		l lived. If institution b COUNTY	Washi		
RURAL and give n	If outside carparate limi	ls, write	6 Vears	c. CITY OR TOWN (IF		rate limits, write RI			
d NAME OF HOSPI OR INSTITUTION RFD 2	TAL (If not in hospital, g		1	d STREET ADDRESS	OHLL OIL	isour.g			HDENCE FARMS
3. NAME OF DECEASED (Type or print)	Fin Maude	it	Middle Ellen	Kendall	4. DATE OF DEATH	Ment Sep1		ay	Year 19 58
female	white	WIDOWE		B. DATE OF BIRTH July 4, 18	92	last birthday) 30 yrs.	Months Days	R IF UNDE	ER 24 HRS. Min.
10g. USUAL OCCUPATION OF THE COLUMN SEED IN STATE OF THE C	ON (Give kind of work of king life, even if retired) CSS	lane 105.	kind of Business or Indu arment facto				12. CITIZEN	OF WHAT	COUNTR
13. FATHER'S NAME	Tames Webl)		14. MOTHER'S MAIDEN		Rosa Bal	ker		
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of si			s. Mable Fo	ergusc	on, Hage		, Md	
Conditions, if a gave rise to i cause (a), stoting lying cause last.	the <u>under-</u>	Di Gev	abotes of	mellitus	leren	CONDITION GIV	ON	S y	NS.
200 ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRE					PERFO YES	
ZOC. TIME OF INJUST BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO	Y Manth, Day, Yea	20d. It While at warl	Not while Ide	ACE OF INJURY (Hame, formation, street, affice bldg., etc.	n, 20f. (City	or town)	(Caunty)	(State)
21. I certify the alive an 9	larles I	125 Hes	ond that death	-, 1954, to accurred at <i>9:30</i>		menner tracit		ate state	
220. BURIAL, CREMATIC REMOVAL (Specify)			Hess, Md.		22d, LOCATI	ON (City, town, o	r county)	1-3 (State	-5 i)
			Smithsburg			hsburg,	Md.		
23. FUNERAL DIRECTOR Minnich T	rsignature Funeral Ho	ome.		Md . 24a. REC	D BY REGISTR		TRAR'S SIGNATE	TRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirm that the death certificate be emecuted within 211 haurs after death. Mage 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the registrar private burial, crematian, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

1

I



may be retained by the hospital or attending physician. TO FUNERAL DIP CTOR. After this cartification physician and campletely filled in by the funeral director. TO FUNERAL DIP CTOR. After this cartificate has been signed by the attending physician and campletely filled in by the filled with the page 3 should deflacted for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 L

M/	ARYLAND	STATE DEPA	RTME	NT OF HEALT	H-BALT	IMORE, 1	8	
	0686	CERTI	FICA	TE OF DEAT	H		Reg. Dist. No	10642
1. PLACE OF DEATH TO Shing		MARY	/LAND	2 USUAL RESIDENCE (W a. STATE	,	lived. If institution b. COUNTY	ni Residence befo	re admission)
b. CITY OR TOWN (If outside carpor RURAL and give nearest town)		c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		te limits, write RL	RAL and give ne	arest fawn)
RURAL BOODS BI	RO			RURAL	min	DIETO	WI 10	
6 NAME OF HOSPITAL (II not in ho OR INSTITUTION	spital, give street i		DE	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES □ NO □
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Mont	h Do	y Year
(Type or print)	IDA	ESTE		LIGHTER	OF DEATH	9	9	1958
5. SEX 6. COLOR OF	71	IED NEVER MARRI		DATE OF BIRTH	9	lost birthday)	Months Days	Hours Min.
FEMALE WhIT	E WIDOWE			4 - 28-	1876	8.2 yrs.		
100 USUAL OCCUPATION (Give kind of during mast of working life, even it	retired)	KIND OF BUSINESS C	OR INDUST	RY 11 BIRTHPLACE (State	ar foreign cau	ntry)	12. CHIZEN C	OF WHAT COUNTRY?
FRRM ER'S WIF	E	FHKM		14. MOTHER'S MAIDEN	LAND NAME		1 4	1.5.
022-55	· R	# C D D D				-T-1-	- B	
15 WASIDECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO) 17. INE	ORMANT /	UARRE	Addre	134	LSSARD
(Yat, no or unknown) (If yas, give wer or	dates of service)		Ric	HARD L	CHTE	p 6	FTTYSI	BULCE PA
18. CAUSE OF DEATH [Enter only	one cause per ly	e far (o), (b), and (c)		£	<u> </u>	(33)	LINT	ERVAL BETWEEN
PART I DEATH WAS CAUS	ED BY AUSE (at	incretrz	sel.	arle con	61262	26/	ON	SET AND DEATH
	DUE TO	J						/
Conditions, if any, which	(b)							
gave rise to immediate (cause (a), stating the <u>under-</u> (DUE TO							
lying cause last.	(c)							
PART II OTHER SIGNIFICAL PART II OTHER SIGNIFICAL PART II OTHER SIGNIFICAL PART II OTHER SIGNIFICAL OR CONTRIBUTING CAUSE OF URLEST OF CONTRIBUTING CAUSE OF URLEST OF CONTRIBUTING CAUSE OF CONTRIBU		ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	PERFORMED? YES NO
	DEATH AINER) 206 DESC	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Part 1 ar Port 1	of item 18.)		
Haur a.m.	While	UURY OCCURRED Not while	20e. PLAC	E OF INJURY (Hame, fari iry, street, affice bldg , et	m, 20f (City o	r fawn)	(County)	(State)
	0, 401,	at work		- 12 fr 31	3.0	2.		
21. I certify that I attende	ed the decease	1		19.34, 10.3	refront 1			aw the deceased
alive on	. 199	_3, and that	death o	accurred at		the causes a: let, city ar town, s		ite stated above DATE SIGNED
ACTUAL SIGNATURE	Lit	ar	M.	o. 131	1710	LAZE		4/58
PHYSICIAN'S NAME (Type)	WILSPL	ha in			*****		Md.	
220 BURIAL, CREMATION, 22b DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEM	LETERY OR		į	ON [City, lawn, a	cauniy)	(State)
BURIAL 9-	11-1958	MIDOLET	TOWN	REFORMED	mior			MD.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		2.0	EP 1 1 '5	AR 246 REGIS	TRAR'S SIGNATU	ME MAL
GYADHIYY CO.		TIDDLETA	DIR/7	/)> D DATE				



VS A15 (4) 15M 9/55

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10	638	CERTIF	IÇA	TE OF I	DEATH			Re	g. Dist.	No.	
1. PLACE OF DEATH		A-0-0-			2. USUAL RESI	DENCE (Who	ere decease				efore admi	ssion)
	HINGTON		MARYLA	NO	MARY	LAND		WAS	SHING	HON		
b. CITY OR TOWN RURAL and give	(If outside corporate lin	nts, write	c. LENGTH OF STAY IN	1Ъ	c. CITY OR	TOWN (If o	utside carpo	role limits, w	rite RURAI	ond give	negrest for	vn)
HAGERSI	COMN		8 DAYS		O HA	GERS'	TOWN					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street a	ddress)		d. STREET	ADDRESS					e. IS R	ESIDENCE A FARMO
	IGTON COU	TY H	OSPITAL		210	EAST	AVEN	TUE				J NO X
3. NAME OF DECEASED	F	irst	Middle		Lo	st	4. DATE OF		Month		Doy	Yeor
(Type or print)	OSCAR		ASA		LUM		DEATH	SEPTE			1958	
5. SEX	6 COLOR OR RACE	7. MARRI	EDT NEVER MARRIED		DATE OF BIRT	Н		9. AGE (In) last birth		nihs Do		DER 24 HRS
MALE	WHITE	WIDOWE			EPT.16			77	yes.			
during most of wo	irking life, even if retire	dane 195, # d)	(IND OF BUSINESS OR I	ITZUQM	RY 11, BIRTHP	LACE (Stote i	or foreign c	ountry)	1			AT COUNTRY?
PRODUCE	DEALER	R	ETIRED		MT.I			CO.MI)	U.S	.A.	
13. FATHER'S NAME					14. MOTHER'S							
	AM S.LUM					IZAB	eth e	BEACHI				
(Yes no or unknown)	FR IN U.S. ARMED FO		OCIAL SECURITY NO.		ORMANT			0 740	Address	-		3 M OL 13 T
NO		134	4-05-21281	MH	S.MARY	E.L	UM 21	O EAS	ST.A			STOWN
	ATH (Enter only one of ATH WAS CAUSED BY	ouse per lin	(a), (b), and (c)	1	f	0.	1	1		ļ.	INTERVAL I ONSET AN	D. DEATH
, , ,	IMMEDIATE CAUSE (Xving	ul	Mon	ly	10	od			5 m	milles
) DUE TO	°Ω	De ile a	. 7	0	1/15	# In		2		2	
Canditions, if	immediate	b)	ance a	11	vivoc	LUNO	ew,	June) ac	790	Coc.
couse (a), stating	g the under-)					V			~	
Z Part II O		(IDITIONS C	ONTRIBUTING TO DEATH	CRUT N	OT PELATEDATO	THE TERMI	NIAL PUSE AC	E CONDITIO	N CIVEN I	NI BART 1/	10 WAS	AUTOPSY
PART II CYLING TO THE	shetes	mel	leles !	7	alt	1201	Plu	Luch	11/5	7 _ 17	PERF	ORMED?
20g ACCIDENT W	VAS UNDERLYING	T20b. DESC	RIBE HOW INJURY OCE	LIDPED	(Enter noture (of univers in P	ort Lor Por	t II of item 1	81	- 2	165 [NO
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)	7	AND HOW HOOK! OCC	OTILES,	(chies dolors	21 11qu1 3 111 1			,			
		or 20d IN	JURY OCCURRED 20	e. PLAC	E OF INJURY	Home form	206 (Cib	or town)		(Cour	ntvi	(State)
Haur a.m.	10	While of work	Nat while		ry, street, offic					(000)		(5.0.0)
					25	7 2	1-1-		15-			
20	hat I attended the	7 .	5 0 11			Σ, ta_ <u>S</u> _χ	DIC					e deceased
alive on 🔀		. 12 -	2O_, and that d	eath (occurred at			n the caus treet, city or				ted above.
ACTUAL	177.07	1.	Kond (1)	, ,		11		ent-	-111	, La a	9	19:17
SIGNATURE	pour	/		- M	v	/base	Juli	CHALL S		<u> </u>		7-2-51
PHYSICIAN'S INAME (Type)	Robert F. Ke	adle,	M. D., 318 I	N. P	otomac	St., H	lagers	town, 1	Id.			
220. BURIAL, CREMATI REMOVABISPIDIT	ON, 226 DATE THERE		22c NAME OF CEMETE			1477)		TION (City, to			(51	ote)
		THE DO		L [V]	ETERY	MT.		WASH				
23. FUNERAL DIRECTO	K'S SIGNATURE	Vac	ADDIESS	0.	MM		BY REGIST	RAR 246	REGISTRA			
Juli	11.1	MULA	11 VETTURE	XAX		DATE SE	P16"	10	Listhu	18 to	daud	



. .

• • •

.

VS A15 (4) 15M 9/55

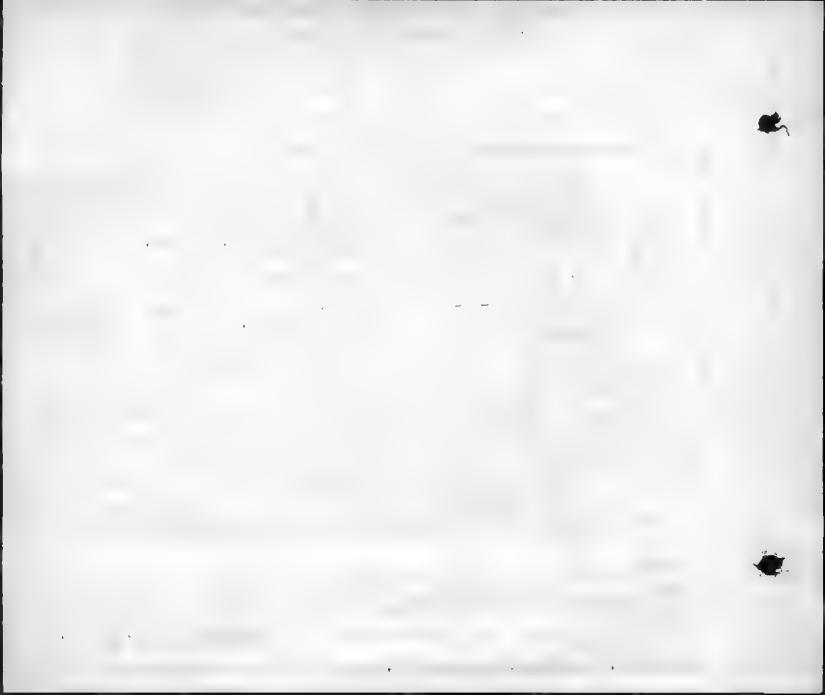
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10639 CERTIFICATE OF DEATH

10644

Reg. Dist. No. 302

1. PLACE OF DEAT	Н		2. USUAL RE	IDENCE (Where d	leceased lived.		Residence bef	ore odmisi	iron)
	ngton	MARYLAN	ND 0. STATE	/land	7a	Shingt	ion		
b. CITY OR TOW	/N (If outside corporate limits,	write c. LENGTH OF STAY IN	1b c. CITY Of	TOWN (If outside	e corporate lin	nils, write RUR	AL and give n	earest tow	n)
77	re rearest town]	1 b Da	Ey soi	Hagers	town				
	SPITAL (If not in hospital, give	street address)	d. STREET					e. IS RES	SIDENCE
	County Hosp	ital	/32 S	ulbe	rrv S	t			NOT NOT
3. NAME OF	First	Middle			DATE	Manth	-		Year
DECEASED (Type or print)	EDITH	BENCHOFF			OF			•	
SEX		MARRIED NEVER MARRIED		F 7.4	U1	ep tenb	UNDER TYEA		19 58 FR 24 HRS
		DIVORCED				birthday) A	Aonths Days	Hours	Min.
H'ema		106 KIND OF BUSINESS OR II	- 1 1	35 1884	74	1 уп.	12 CITIZEN	OF MILLS	
diving most of	working life, even if refired)								COUNTRY
Sales.		Retired			120 27 6 6	So Mo	Ų. Ų	SA	
13. FATHER'S NAME			14. MOTHER	'S MAIDEN NAME					
	vid W. Benc			Olevia	Oswalo	1			
15, WAS DECEASED (Yes. no. gr_unknown)	EVER IN U. S. ARMED FORCES (If yes, give wor or dotes of service)		7. INFORMANT			Address			
No		214-09-7442	Howard V	Larti	n 23 s	so wul	berry	St	
18 CAUSE OF	DEATH [Enter only one couse	per line for (o), (b), and (c).]	. На, е.	estonn	d.	-		TERVAL BE	
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardi	al to	tare	tion	~	OK.	SET AND	DEATH
1420.0	DUE TO							5-6-1	-4-434
Conditions.	if ony, which) [b]_	Corpnan	1 +6	ram L	A 5 1 5		(2	3 L	hans .
gove rise t	o immediate (Out to		7	70111	36413			. 47	
lying couse I	ung me under	Arterio	cc. 10.00	tic H	o.a wet	Diser	. a.z.6	2 4	3
		TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED I	O THE TERMINAL	DISEASE CON	DITION GIVEN	IN PART 1(p)	19. WAS	AUTOPSY
PART II.							11177111107	PERFO	RMED?
	WAS UNDERLYING [] 20	b. DESCRIBE HOW INJURY OCCU	IRRED. (Foter nature	of injury in Port I	or Port II of i	lem 18.1		163	NO Z
O HIT ETHER, NO	WAS UNDERLYING 20 TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)								
	UURY Month, Day, Year		e. PLACE OF INJURY	(Home, form, 20	f. (City or tow	n)	(County)	(State)
Hour o.	m. 19	While Not while of work	tuciory, siteer, orti	ce blog., erc.)					
21 Leartify	that Lattended the d	eceased from £2.Pt.	2 2 10 5	6-10 C+ 10"	+. > //	105	het I last i	mus Nan	danana
alive on S	v7		ath occurred a						
Unive On 35		, 12_9_1_, und mar de	edin occorred d			ty or town, sto			ed above. ATE SIGNED
ACTUAL SIGNATURE	4/10	11.1/1					_	1/2	1/1000
SIGNATURE	Carrie CL -	1 10/1/man		1 11 - 10	ton	g-r7-7		1	12 12 K.
PHYSICIAN'S NAME (Type)_	Hard F	- HoFF me		4 ase	rito	Wn ,	mo		
220. BURIAL, CREM.	ATION, 226. DATE THEREOF	22c. NAME OF CEMETER	RY OR CREMATORY	22d.	LOCATION (ity, town, or c	ounly)	(Stot	e)
REMOVAL (Spe		Smitheburg	cemeter			irg Wa		A 1. A	
23. FUNERAL DIREC		ADDRESS	, , , , , , ,	24a. REC'D BY			AR'S SIGNATI		+
Andrew	K. Cofinan	Hamarataum ca	1	DATE SEP 2	9 '58	Orila	un S. Kra	ua	



death: Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Reg. Dist. No.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

filled puo ofter physician attending þ any peen signed buriol-transit removal, TOR

death.

haurs ofter

within 24

requires that the death certificate be

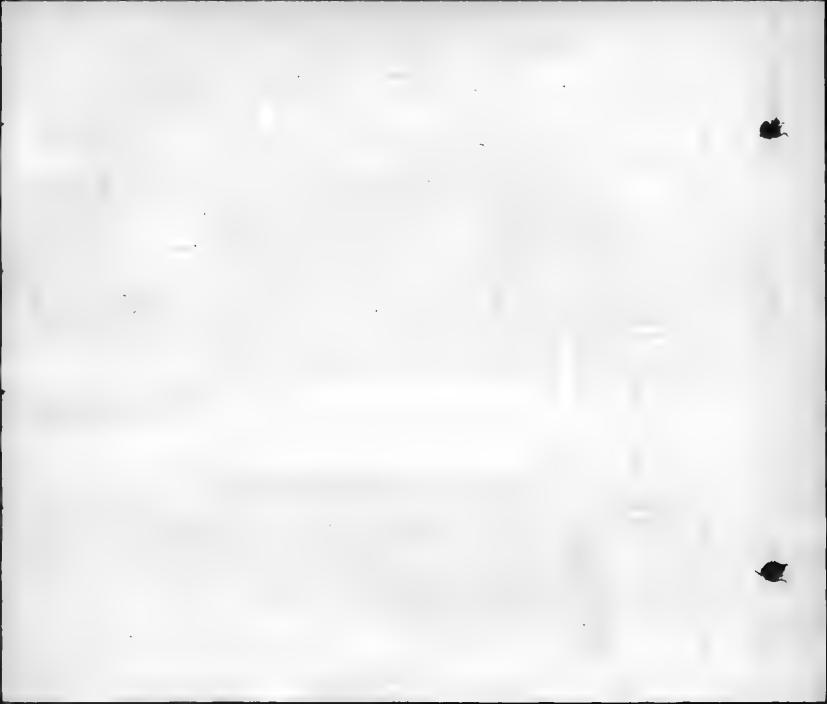
2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b.** COUNTY MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) MOS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔲 NO 🦹 4. DATE OF DEATH First Middle Lost Month Day Yeor 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH (In years birthday) Months Days Hours Min. DIVORCED [WIDOWED IN yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 OCIAL SECURITY NO. 17. INFORMANT Address of or dates of serviced 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m While Nat while of work at work 21. I certify that I attended the deceased from. ., 19 Lathat I last saw the deceased LOCP. M. from the causes and an the date stated above. and that death occurred ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

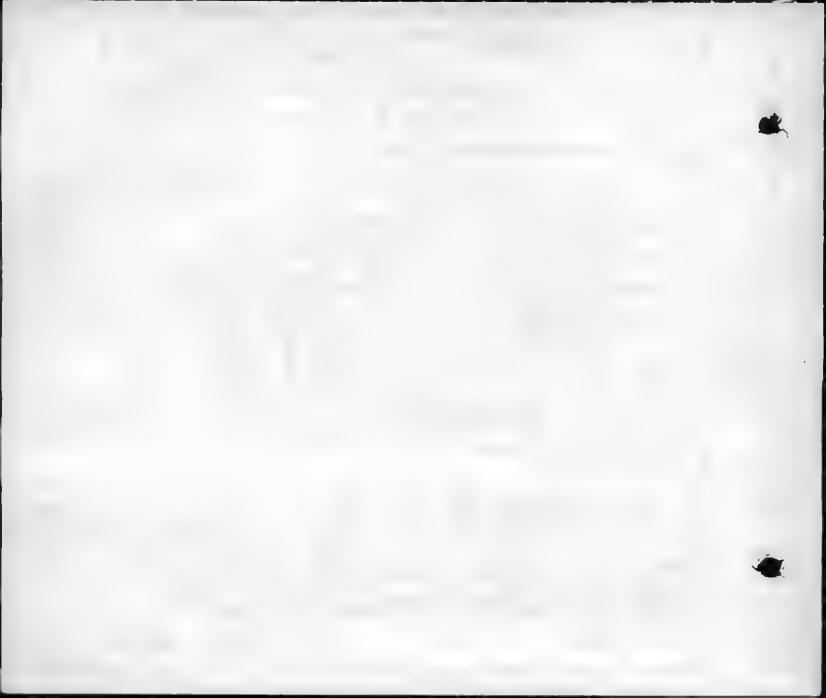
EC'D BY REGISTRAR

DATE

TO HOSPITAL 2 VS A15 (4) 15M 9/55

FUNERAL





VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10643 CERTIFICATE OF DEATH

	OIK!!!!O!	THE OF PRICE	•	Reg. Dist. No.	302
o. County Washington	MARYLAND	2 USUAL RESIDENCE (Who o. STATE W. Vil			(noission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		utside corporote limits, w ey Springs	rite RURAL and give near	est fown)
d. NAME OF HOSP TAL (If not in hospital, give street of OR INSTITUTION Washington	address)	d. STREET ADDRESS		e	IS RESIDENCE ON A FARM? YES NO 🔀
NAME OF PICT FIRST OCCASED (Type or print) SHERRY	Middle DIANE I	AC CUMBEE	4. DATE OF DEATH Septe	Month Doy ember 15	Yeor 19 58
5 SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWE		B DATE OF BIRTH May 9, 1956	9 AGE (In) last birtho	rears IF UNDER 1 YEAR 1 Say Months Days	F UNDER 24 HRS Haurs Min.
10c. USUAL OCCUPATION (Give kind af work dane 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country) Spring, W. V		WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
unknown		Phyll	is Monoce M	Marie Mc Cum	bee
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, gave wor or decim of service)		NFORMANT	humbee Berk	Address celey Spring	s W. Va.
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CO	NAM LUMO	V in reg	1958	L Vent	WAS A ITOPSY
CAR					PERFORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Part II of item 18	3.)	
Haur a.m. While	IJURY OCCURRED 20e. PL Not while at work	ACE OF INJURY (Home, form, clary, street, office bldg., etc	20f (City or town)	(County)	(State)
21. I certify that I attended the decease alive on 9/15 , 19.5 ACTUAL SIGNATURE 1. F. Junior			M, from the caus	ses and an the date	stated above DATE SIGNEI
	(D				
Burial (Specify) 9/18/1958	Greenway Ce		22d. LOCATION (City, 10 Berkelev S		(Stole)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE	
Suter-Rouzer Funeral Home	Hagerstown.	Md. DATESER	1 8 '56	Cothur S. Kraus	1



ADDRESS

10649

IS RESIDENCE

ON A FARM? YES NO K

Year

1958

Min.

Rea. Dist. No.

Washington

Day

IF UNDER TYEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES I NO [

> > (State)

(County)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Month

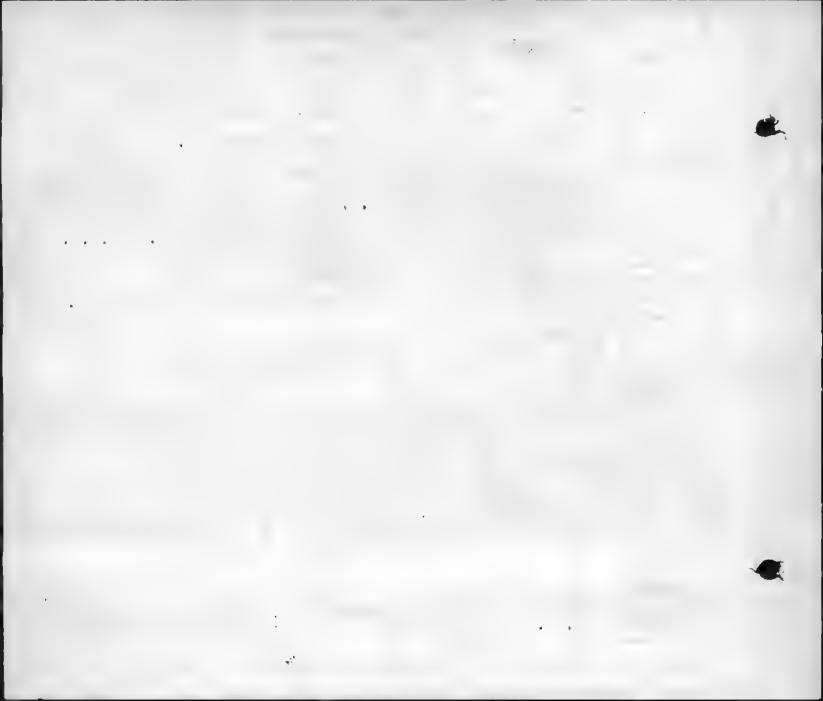
ADDRESS (Street, c)	ly or town, stole)	DATE SIGNED
4 cis a Ste	Martinshurg	W.Ld.
/	4	
S.Spring S	f. Marting	burg Va
22d, LOCATION (ity town, or county)	(Stote) M D
Rural H	ancock Wasp	ingten
REC'D BY REGISTRAR	246 REGISTRAR'S SIGNAT	URE
SEP 3 0 '58	CILLA 9 Km	4

24

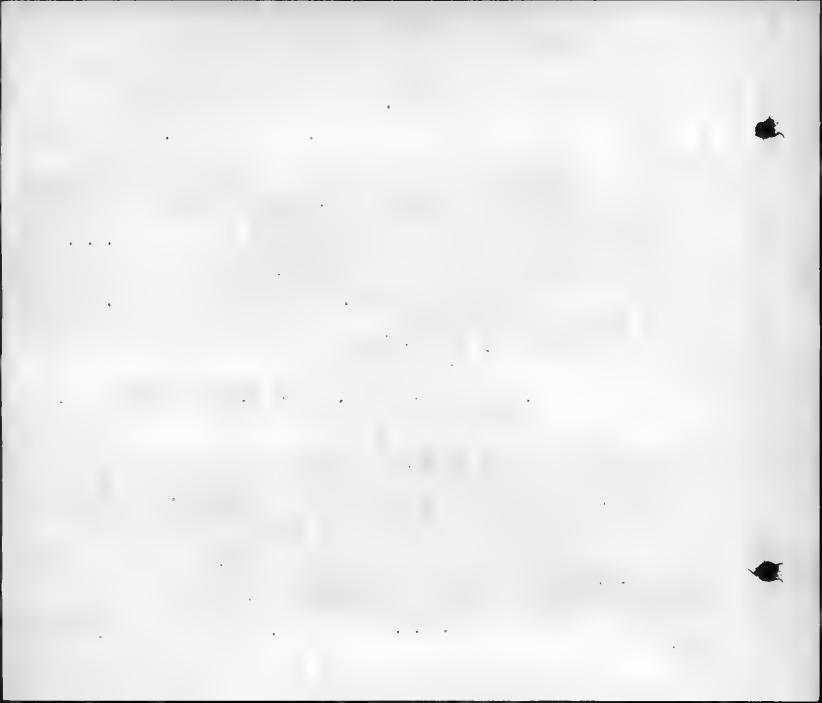
D/

0 VS A15 (4) 15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE



1		14		MARYLAND	STATE DEPARTA	MENT (OF HEALTH	I—BALTIM	ORE, 18	
•		9	ME Wie the of	lians,	CERTIFIC	ATE C	OF DEATH	1		10650
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		F	PLACE OF DEATH	0644	, , , , , , , , , , , , , , , , , , , ,	17				Dist. No.
direct	Ri)		WASHIN		MARYLAND	o. ST	ATE MARY	LAND	b. COUNTY WA	SHINGTON
funeral	.1		RURAL GROWN (If outside of	N.	22 YRS.	c. CI	HAGER	utside corporate li STOWN	mits, write RURAL on	d give nearest town)
by And	. /		d NAME OF HOSPITAL (IF HOSE OR INSTITUTION WASHINGTON	in hospitol, give street of CONNTY HO	SPITAL	/ d S1	P W. WA	SHINGTO	N ST.	IS RESIDENCE ON A FARM? YES
f ho	10	3	NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day Year
2 mg g	4	-		KATIE	MAY	MIL		DEATH SE	PTEMBER	25 19 58
품 투입		5			ED NEVER MARRIED	B. DATE C		9. AC	E (In years EUND Months	ER I YEAR IF UNDER 24 HRS
p e e e		100		TTE WIDOWE	7	1	1/6/187	5	88	
carr carr pap		100	. USUAL OCCUPATION (Give k during most of working life, en HOUSEWIFE	ren if retired)	HOME	JSTRY [11. I	MARYL.		12. 0	U.S.A.
a de de		13	FATHER'S NAME		HOME	THE MO	THER'S MAIDEN N			U. D. A.
officer of				HTUMA				A PEARL		
ifica hysic nove aurs		15.	WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO 117.	INFORMAN			Address A.C.	ERSTOWN
cert ng pl		(Ye	uo MQuonul (14 her 8 ne a	rot or doles of service)	NONE	MRSL	ROSELI	LA FRAL		MD.
ease thin			18 CAUSE OF DEATH [Enter	only one couse per lin	e for (a), (b), and (c)-y	2		· · · · · · · · · · · · · · · · · · ·		INTERVAL BETWEEN ONSET AND DEATH
o c t	7		PART I. DEATH WAS C	AUSED BY: TE CAUSE (o)	Thres					ONSET AND DEATH
the The			702.0	DUE TO	1 .	_ //	7			1/,
at the	¥		Conditions, if any, which gave rise to immediate		Traction	20	mur			10 day
quire igne per 3 in			couse (0), stoling the <u>under-</u> lying couse lost,		heateness /	1/5	- 1.1	7. 9	4.18	101-
ician sen s onsil		Z O		CANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELA	JED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN P	APT HOUSE WAS AUTOPSY
physical phy	0	18								ART I(o) 19 WAS AUTOPSY PERFORMED? YES NO 2
ending ficate b the bur		CERTIFI	20g ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	YING TO 20b. DESC OF DEATH EXAMINER)	RIBE HOW INJURY OCCURR	` .	other of injury in F	ort I or Port II of	item 18 j	
StC offi on fign.	e !	MEDICAL	20c. TIME OF INJURY Month,			LACE OF IN	UURY (Home, form t, office bidg, etc.	20f (City or to	wn]	(County) ₂ (Slole)
PH)	1	MED	Hour o.m 9-	15 Je of While	Not white of work	Ste	me_		eterin V	ashingt my
NG Uspit Her If a			21. I certify that I atte	ended the decease	d fram 9-1	30,1	958 to 9	-15-	1957 that	I last saw the deceased
R: Al			alive on 9-14	4-6019	, and that deat	h accurre			causes and on	the date stated above
by I det			ACTUAL	FIN Q. 11			\// ·	ADDRESS (Breet, c	ity or lown, state)	DATE SIGNED
D Sala	,		SIGNATURE	- www		M D	Hezu	Mosker	way	
retai RAL Shaul	J		PHYSICIAN'S NAME (Type)	EW JI	1709	9	Here	at 5	my	
ings be for the formal part of the region of	^	220	BURIAL, CREMATION, 226. C	PATE THEREOF	22c. NAME OF CEMETERY		/	22d LOCATION	City town, or county) (Stote)
may O FUN Page	£3	00	-OILTAD	9/27/58		CHUR			RMONT	MD.
VS A15 (4)	V	23.	FUNERAL DIRECTOR'S SIGNATI	1	ADDRESS	17	DATE SE	P 2 9 '58	74b. REGISTRAR'S	
15M 9/SS		2	VIV- JUDINE	u / 1-0	- Crescour	117	DATE OL	L 0 30	arthur	Though



director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar ottending physician.

TO FUNERAL DI.

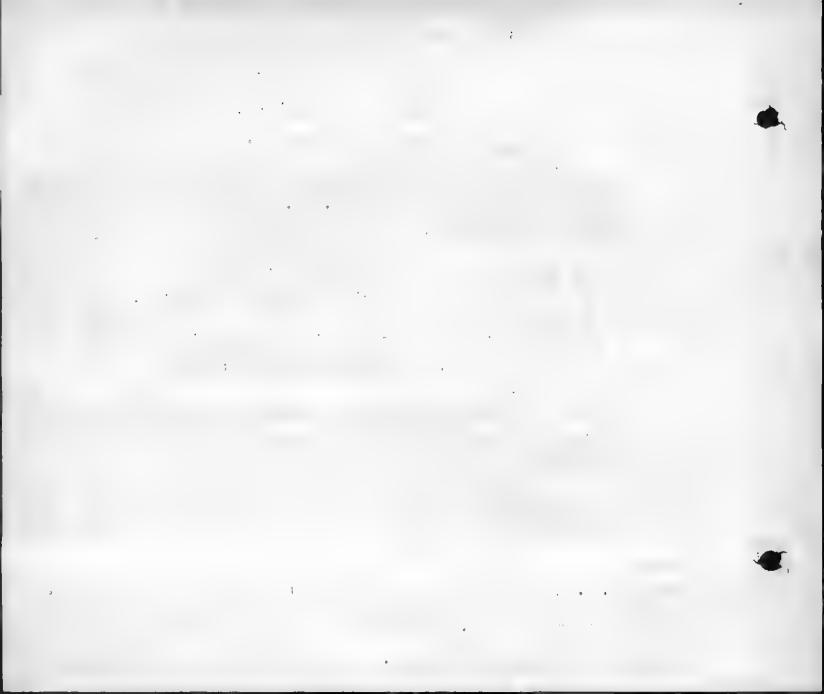
OR: After this certificate has been signed by the attending physician and campletely fulled in by the page 3 shauld etached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 of the registrar prints burial, crematian, ar remaval, and in any event within 72-hours, after death.

VS A15 (4) 15M 10/57

	to CI		Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution Residence before admission)
Washington	MARYLAND	Maryland	Washi eton
b CJY OR TOWN (f outside corporate tim RURAL and give nearest town)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give nearest town)
Historian AD #3	50 yrs.	X Harerstown	Nd. AFD #3
d. NAME OF HOSPITAL (If not in hospital, o	give street oddress)	, d. STREET ADDRESS	e. IS RESIDENCE
Hageratoun La. RE	±13	/ "cer town	
3. NAME OF DECEASED	rst Middle	Lost 4. DATE	Month Day Year
		MCMCAN DEATH	Sept. 23 1958
5 SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Femle White	WIDOWED DIVORCED	Jan. 5 1868	lost birthdoy) Menths Day Hours Min
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
Dousevite	" Home	II ryland	U. S. A
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
William Mongan		Fargare	t Bover
15 WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT	Address
lo llo		iss "esrie Ing	Hagerstown Ad.
18 CAUSE OF DEATH [Enter only one co	ouse per line for (o), (b), and (c).]	/. // // .	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Musesent	cal Suffere	ONSET AND DEATH
420.0 DUE TO		1 1 1	0/2/-
Conditions, if ony, which }	arterio sel	ante de	Heren 5- Les
gove rise to immediate	10 11		777
lying couse fost.	Carlhune	- W	10
10	DITIONS CONTRIBLTING TO DEATH BUT	NOT PELATED TO THE TERMINIAL DISSA	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATIC		THE TERMINAL DISCA.	PERFORMED?
20g ACCIDENT WAS UNDERLYING FT	205 DESCRIPE HOW INJURY OCCURRE	7 15 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YES NO
PART II. OTHER SIGNIFICANT CON 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED	J. (Chier holure or injury in Part t or Po	/III or item 18-)
20c. TIME OF INJURY Month, Doy, Yell Hour e.m.	pr 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (Cit	y or town) (County) (State)
₩ p. m. 19	While Not while too	story, street, office bldg , etc.)	,
21. I certify that I affended the	deceased from 1934	19 to 9/23/	3 5, 19,that I last saw the deceased
alive on 9/23/5	19 and that death	accurred at 4 Mr from	m the causes and an the date stated above
01/1	ha	ADDRESS (S	
SIGNATURE COM	kung	6 Spand	2/24/
			1-1/3
PHYSICIAN'S SEAR	L-YOUNG	MB	
220. BURIAL, CREMATION, 22b. DATE THEREO	PE 12c. NAME OF CEMETERY OF	CREMATORY 22d LOCA	TION (City, town, or county) (Slote)
Burial Sent. 2	6-58 Greenlaim C	emetery Wil	iamsport Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 Ma 240. REC'D BY REGIS	
Cythlandy	Galla Williams	DATE SEP 2 6	'58 Onthur & Kraus
			- A CHARLE



L		CERTIFICA	AIL OF DEAT	1 8	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY A 2 HING? ON	MARYLAND		there deceased lived. If institution b. COUNTY	rn: Residence before admission) Frederick
Г	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	PAYS		outside corporole limits, write RU	IRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address		d. STREET ADDRESS Lombard		e. IS RESIDENCE ON A FARM?
3	NAME OF STATE OF				YES NO.
	DECEASED (Type or print) MRS AMY A	Middle MU	NSHOUR	4. DATE Month	
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED IN	NEVER MARRIED	B DATE OF BIRTH Sept. 11.	1 QQQ (ay birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND C				12. CITIZEN OF WHAT COUNTR
	HOUSEWIIE OW		Marylan		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
L	David S. Rice		Orie l	B. Fout	
15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL NO. or yellnown) NO None		rvin L. Ric	ce Alexandr	
	18. CAUSE OF DEATH [Enter only one cause per line for (c	o), {b}, and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: AURICUI	LAR FIBRILL	ATION PULMON,	ARY EDEMA; PNEUM	ONITIS ONSET AND DEATH
	2 X DUE TO			-	
	Conditions, if any, which) (b) HYPERT	ENSIVE CARD	10 VASCULAR F	RENAL DISEASE	3 YEARS
	gove rise to immediate cause (a), stating the under-				
占	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART ICAN 10 WAS AUTOPSY
ΙĔ	BRONCIECTESIS	2 YEARS			PERFORMED?
MEDICAL CERTIFICATION			D. (Enter noture of injury in	Part I or Port II of item 18.)	TESAS INO
Ü					
S	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Home, form tory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
ME	p. m. 19 at work of	work			
	21. I certify that I attended the deceased fro			'EPT 15, 1958	that I last saw the decease
	alive on 5597 15 19 58	, and that death	accurred at Ji/S	$P\!\!$ M, fram the causes an	nd an the date stated above
	ACTUAL			ADDRESS (Street, city or town, st	
	SIGNATURE / Cumm		M.D		
	PHYSICIAN'S DR. W. T. LAYMAN		PROFESSIO	NAL ARTS BUILDI	NG, HGSTN. MD.
22	n delicate describe in a no man	NAME OF CEMETERY OF		22d. LOCATION (City, town, or	county) (State)
L	Burral Specify 9-18-58 Mt		Cemetery	Frederick	Maryland
23.	(Wyrnama a Will-da	DORESS			RAR'S SIGNATURE
15	aymond E. Creager Thur	mont, Md.	DATE SE	EP 1 9 '58 Car	hur S. France



	130045	CLKIIII	CAIL	OF DEA	1111		1	Reg. Dist.	No.	
1. PLACE OF DEATH				USUAL RESIDENCE	(Where decea			Residence b	petore adm	iission)
	Washington	MARYLAN	D	Maryla	nd	b. CO	UNIT	Wash	ingt	OM
b. CITY OR TOWN (I RURAL ond give no	Fourside corporate timits, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN	(If outside cor	porote limits, v	rrite RUR	AL and give	nearest to	wn)
Magerato	WIN	2 Days	100	Hagers	town					
OR INSTITUTION	AL (If not in hospital, give street	oddress)	11 6	d STREET ADDRES					e. 15 R ON	ESIDENCE A FARM?
Vashington	County Hosp	ital	_ _8	29 W. Wa	shing	ton St			YES	□ NO [V]
3. NAME OF DECEASED	First	Middle		lest	4. DATE		Month		Day	Year
(Type or print)	Vincent	Calvin		Murray	DEAT		9		13	19 58
5 SEX	6. COLOR OR RACE 7. MAR	RIED 🌠 NEVER MARRIED 🛚	B. DA	TE OF BIRTH		9 AGE [In		UNDERTY		
M.	W. WIDOW		Ja		92	66	yrs.	Vionths Do	Hou	s Min
anting most of work	ON (Give kind of work done 10b. ling life, even if retired)	_								AT COUNTRY
Labor W	estern Railr	Out.		Washing		BUNLY		U.	S.A.	
	hen F Murray		1.4		e Mil	i e				
IS WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFOR		o nitt.	LID	Addres	S TT		- 27.2
No No	(If yes, give wor or dates of service)	4	nns	K Milno	8¥ 829	OW.W		nage ngton		wn Md
1B CAUSE OF DEA	TH [Enter only one couse per l		10 10 101			/ 11 - 11 -	A.B.d. Seeder		NTERVAL	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Valvulus	(hornery	Laten	27 /				D DEATH
350 X	DUE TO			. /)						7
Conditions, if or	ny, which) (b)	in Em	The La	i dead	ase.				37	5/2 3.
gove rise to it	mmediate (/								
lying couse last.	(c)									
Z PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	TON TUE	RELATED TO THE T	ERMINAL DISEA	ASE CONDITIO	N GIVEN	IN PART I	1 12 WA	S AUTOPSY
CATIC								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERI	FORMED?
PART II. OTH	S UNDERLYING 206 DES	CRIBE HOW INJURY OCCUI	RRED. JEn	ter noture of injury	in Port For P	art It of item 1	8)			
3 20c. TIME OF INJUR	Y Month, Day, Year 20d I	NJURY OCCURRED 20e	PLACE C	OF INJURY (Home,	farm, 20f. (C	ity or tawn)		(Cour	sty)	(State)
20c. TIME OF INJUR Hour o. m p. m.	19 While of wor	Not while	factory,	street, office bldg.,	etc.)	,		10001	,,	(Arane)
21. I certify th	at I attended the deceas	ed from H	/	1956,10	CEMY	.3 1	1	that I last	t saw th	e deceases
alive on 10	Mr 13 2 195	and that dec	ath acc	urred at	/1/M. fro	m the cau				
1 17	1//	1				(Street, city or			00.0 270	DATE SIGNE
ACTUAL SIGNATURE	is' /Aut.	emer	M.D.	159 W.					itan İ	9/16/58
PHYSICIAN'S NAME (Type)	Philip J. Hirs	hman, M.D.	_						Aury -	
270. BUR AL, CREMAT O	N, 276. DATE THEREOF	22c. NAME OF CEMETERY	OR OE	KAKORY	22d. LOC	ATION (City, I	own, or	county)	{St	ote)
REMOVAL (Specify) Burial	9.17.58	Park Head	U.B		Par	k Hea	d Wa	ashin	gton	Md.
23. FUNERAL DIRECTOR	. 15 1	ADDRESS		2400	EF DBY GREG	STRAR 24b	REGISTR	AR'S SIGNA	TURE	
HALIMINE	I Laterno	2/	Q	DATE	0 0		Strikus	S. tha	ud	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law Equires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and completely filled in b page 3 shault detached for use as the burial-transit permit. Then please remarks cachen papers. Pages I and the registrar prior to burial, cremation, at remaval, and in any event within 77 hours often death. VS A15 (4) 15M 9/SS



VS A15 (4) 15M 10/57 00

X

	2.0003	,	921(11		112 91 0				Reg. Dist	. No.
1. PLACE OF BEATH O. COUNTY W	shi igton		MARY	/LAND	2. USUAL RESIDE	nce (who	ne deceased	lived. If institution b. COUNTY	vin. Residence	ngton
b. CITY OR TOWN	(If outside corporate limits, vinearest town)	vrile c.	tength of stay	IN 16		WN (If or	itside corpor	ole limits, write Ri	URAL and gi	ve nearest town)
d. NAME OF HOSE	otonac Stre	street addi	ress)		d. STREET ADI		'otomo	ac Stre	et	e IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	Grover		Clevelo		Palme	_	4. DATE OF DEATH	Sen	lh	Doy Yeor 17 10 58
s. sex ∍1e	Tylin at all a	MARRIED DOWED	DIVORCE		a date of Birth Aug. 31	,189			IF UNDER 1	YEAR IF UNDER 24 HR
during most of we	NON (Give kind of work done orking life, even if retired) Trimmer		o of Business onery	OR INDU	STRY 11 BIRTHPLAC	E (State o				EN OF WHAT COUNT
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME			
_ Nat	han Palmer				Fra	nces	Howa	ard		
15. WAS DECEASED EV [Yes, no, or unknown]	/ER IN U. S. ARMED FORCES' [If yes, give wor or doller of service NO		1 09 74		rs. Edi	-	Palme	112	W. Po	tomac St.
	immediate (0)	Per line to	netast	at	anes.	t	ngn	ac .		St wh
cause (a), staling lying cause last	(c)	1	Bladd	en	Car	er	neer			3 mo
NO PART II O	THER SIGNIFICANT CONDITI	ON2 <u>CON</u>	POT	_	NOT RELATED TO T	HE TERMIN	IAL DISEASE	CONDITION GIVI	EN IN PART	(o) 19 WAS AUTOPS: PERFORMEDS, YES NO D
OR CONTRIBUTION	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIB	E HOW INJURY O	CCURRE	D. (Enter nature of I	njury in Po	ort I or Port	I of item 18.)		
20c TIME OF INJU Hour e. m. p. m.		20d. INJUR White It work []	RY OCCURRED Not white of work	20e. PL/ fac	ACE OF INJURY (Ho clory, street, office b	me, farm, ldg., etc.)	20f. {City	or lawn)	(Co	unly) (State
21. I certify to ofive on	that I attended the de	ceased 19 57		death		72	.M, fram DDRESS (Stri	7, 19 SR the causes are the city or town, so Willia	nd an the	st saw the decear date stated about DATE SIGN
NAME (Type)	M. E. Byrkit,	M.D.								
270. BURIAL, CREMATI REMOVAL (Specifi BUT 1, 1]			reenly		e crematory Cemetery			ON (City, town, o		(Stote) 'yland
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS William		2	40 REC'D	BY PEGISTO	AR 246 REGIS	TRAR'S SIGN	ATURE



FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be it inded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 1. Four files.

TO FUNERAL D. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo of Health, ar its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours after death.

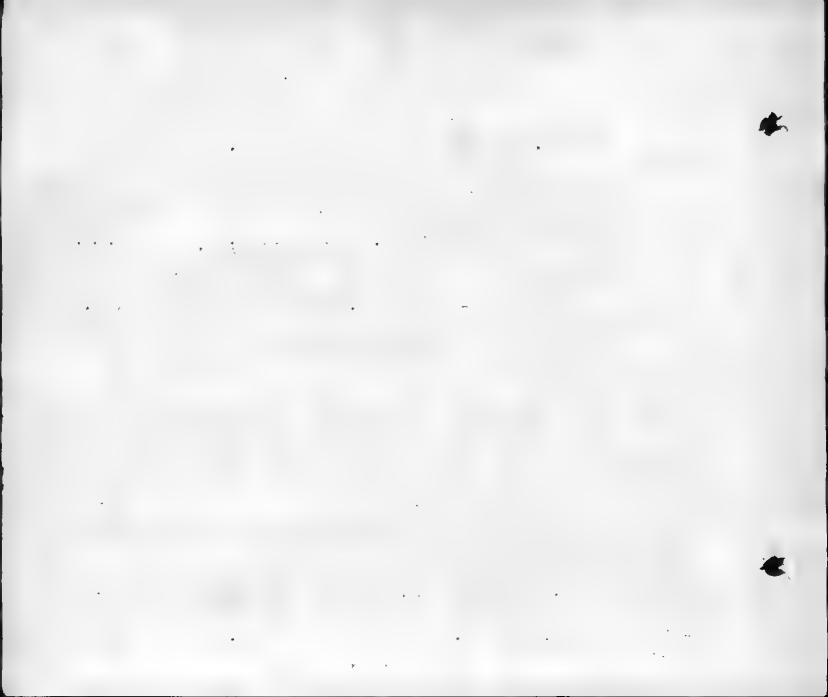
VS. A15ME 5M 2/57

×

27

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ision)
wn)
. PENCE
A FARM?
9 58
ER 24 HRS
Min,
_
COUNTRY
214
T15
AUTOPSY RMED?
NO 💽
(State)
(Stale)
(Stole) - d in my
d in my
The state of the s

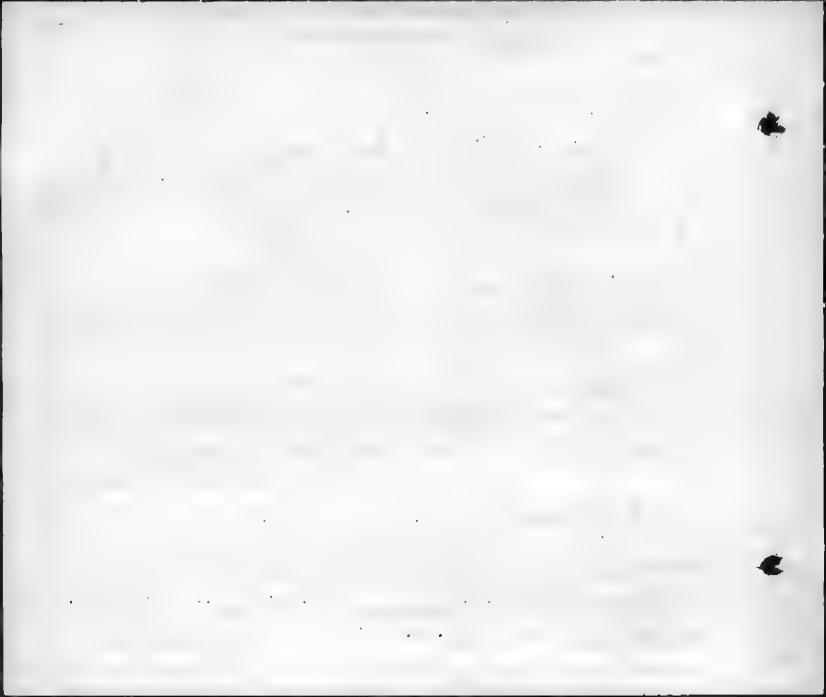


* X, '... , X * V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18)
--	----	---

ALABI	CERTIFICATE	OF	DEATH

				Keg. Dist	. No.
1. PLACE OF DEATH 6. COUNTY Washington County	MARYLAND	2. USUAL RESIDENCE (Where o. STATE		institution: Residence OUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 25 min.	c. CITY OR TOWN (IF out	side corporate limits,	write RURAL and give	ve nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street or institution washington County Hos	oddress) pital	d. STREET ADDRESS	^ ·		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BABY	Middle	PIPER 4	DATE OF DEATH	Month Sept.	Day Yeor 30 19 58
5. SEX 6. COLOR OR RACE 7. MARS		B. DATE OF BIRTH Sept. 30, 1958	9. AGE (lest bir		YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or Mary).		12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Richard E. Piper		Greta Marle	ne Troupe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. or unknown) Iff yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
	Н	ospital record			
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (c)	nature labor Unknown				ONSET AND DEATH 25 minutes
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)					1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED			18)	
Hour a. n. While	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(Co	unty) (State)
21. I certify that I attended the deceas alive an Sept. 30 19		, 1958, to Sept accurred at 4:50P		uses and an the	ist saw the deceased a date stated abave. DATE SIGNED
	4. D.	302 N. Pot			wn, Md.
226. Burial, CREMATION, REMOVAL (Specify) Cremation 10/3/58	Wash. Co. Ho		d. LOCATION (City. Hagersto	wn. Md.	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	0.	BY REGISTRAR 24	b. REGISTRAR'S SIGN	
		DATE U	6 2 0 30	in which I	. Mraud.



haves ofter death.

10657

1	LU	549	CERTIFIC	AIE OF DEATH	1	R	leg. Dist. No.	302			
	1, PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (W)			Residence before	odmission)			
	Washington		MARYLAND	Mary		b. COUNTY	Washingt	on			
	b CITY OR TOWN (If autside corporate I RURAL and give nearest town)	imils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate li	mits, write RUR/	At and give near	est town)			
	Hagerstown		5 years	_ Hage	rstoum						
,	d. NAME OF HOSPITAL (If not en hospital OR INSTITUTION AVE.	l, give street o	address)	d STREET ADDRESS			е	IS RESIDENCE ON A FARM?			
	24 Clinton Ave.			24 Clinto	n Ave.			YES NO			
	3 NAME OF DECEASED	First	Middle	Last	4. DATE	Manth	anth Day Year				
	(Type or print) OSCAR		LEVAN	RAUP, JR.	DEATH S	eptembe:	mber 15 1958				
	5. SEX 6. COLOR OR RAC	E 7 MARRI	ED NEVER MARRIED	B DATE OF BIRTH	a los		Opins Doys	Hours Min			
	Male White	WIDOWE		April 12, 19	14	LILL yrs.	5 3"				
	10a USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 10b (red)	KIND OF BUSINESS OR IND	1				WHAT COUNTRY			
	Prof. Photographer	0	wn Business	Fairmont,		nia	U.S.A.				
)	13. FATHER'S NAME			14 MOTHER'S MAIDEN N	_						
	OSCAT L. RAID.	Sr.	SOCIAL SECURITY NO. 117.	INFORMANT	se Frew						
	(If yes, give wor or dates	of service)	(Address					
	no			rs. Mary L. R.	aup Ha	agerston					
	18. CAUSE OF DEATH [Enter only one PART I, DEATH WAS CAUSED B		4. A' A	1. 7:	16-1	+1:1	ONSE	T AND DEATH			
	IMMEDIATE CAUSE	[0]	ocardiel la	and well	Ventrierla	o there	al off	Kow			
	,	10 <i>U</i>	-								
	Canditions, if any, which a	(b)									
	couse (a), stating the under-										
		(c)ONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT CO	wir (Pardin- Vas	1 -	Class			PERFORMED?			
	200. ACCIDENT WAS 1 TOERLYING CONTRIBUTING CAUSE OF DEAT	20b DESC		ED. (Enter noture of injury in I							
	(IF EITHER, NOTIFY MEDICAL EXAMINE	R)									
	20c. TIME OF INJURY Month, Day, Hour a.m.			LACE OF INJURY (Home, form	20f, (City or to	wn)	(County)	[State]			
	Hour a.m.	9 While at work	Nat while	actory, street, office bldg., etc	.]						
	21. I certify that I attended t	he decease	ed from /0/5	, 19 .57 _, to	1/15	19581	hat I last say	w the decease			
	alive on 7/15	. 19 💆		h occurred all 451							
		_	,		ADDRESS (Street, o			DATE SIGNE			
	SIGNATURA CALLEN V	n-0	Ville	MD. 74 a	sustour	, ma	extend	9/16/5			
/	PHYSICIAN'S		44 / 46	/	1	7	7				
	NAME (Type) ALT	N	M.WEL	7							
	220 BURIAL, CREMATION, 22b. DATE THEIR	lEOF .	22c. NAME OF CEMETERY	_	22d LOCATION	City, town, ar c	ounty)	(State)			
		958	Rose Hill	Cemetery	Hagerst	own.	Marylar)dL			
	23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funera	1 Home	ADDRESS		P 1 8 58		AR'S SIGNATURE				
	R. Fromplin Russer	2201.70	Hagerstown,	Md. DATE DATE	1 10 30	Link	w1 S. Hran	5			

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIPLETOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should sectoched for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriof, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

M

00

uneral director,



η,	10691	CERTIFICA	AIE OF DEATH	Re	Reg. Dist. No.				
	1. PLACE OF DEATH O. COUNTY Washington	n MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marvl	deceased lived. If institution I					
	b CITY OR TOWN (If outside corporate limits RUPAL Sandy Hook		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Rural Sandy Hook						
h :	d. NAME OF HOSPITAL (If not in hospital, group or Institution	re street address)	d. STREET ADDRESS	*	e. IS RESIDENCE ON A FARM? YES NOTE				
	NAME OF DECEASED (Type or print) Dottie	Levetta	Redman 4	DATE Month OF DEATH 9	Doy Yeor 5 1958				
	Female White	WIDOWED TO DIVORCED	5-3-1882	76 yrs	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.				
	100 USUAL OCCUPATION (Give kind of work di during most of working the even if selired)	Home	STRY II BIRTHPLACE (Slove of Virginia		12 CITIZEN OF WHAT COUNTRY? U.S.A.				
	13 FATHER'S NAME Charles	Tritapoe	14 MOTHER'S MAIDEN NAM	Alverta Hor	ugh				
)	15 WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no Nonhown) (It yes, give wer or dates of ser	note)	nformant rs.Richard Ha	Address RWKer Jeffel	rson, Md.				
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO	Congestive hear Rheumatoid arth	ritis	L DISEASE CONDITION GIVEN	PERFORMED?				
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRISE HOW INJURY OCCURRED 200. PL	D (Enter nature of injury in Port		YES NO				
	Hour o. m. 19	While Not while of work of work	ctory, street, office bldg., etc.)		(County) (State)				
1		on Kao, M.D.	M.D. 15 So. Ifa Brunswick	M, from the couses and DRESS (Street, city or town, state Tyland Ave.	9-6-58				
	220. BURIAL CREMATION, 276. DATE THEREOF BURIAL (Specify) 9-8-196	8 Refermed		Knoxville,	Maryland				
	23. FUNERAL DIRECTOR'S SIGNATURE B	runswick, Maryla			S. Thank				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, may be retained by the haspital or attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physician and completely filled in 1 page 3 should detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the registrar plant to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



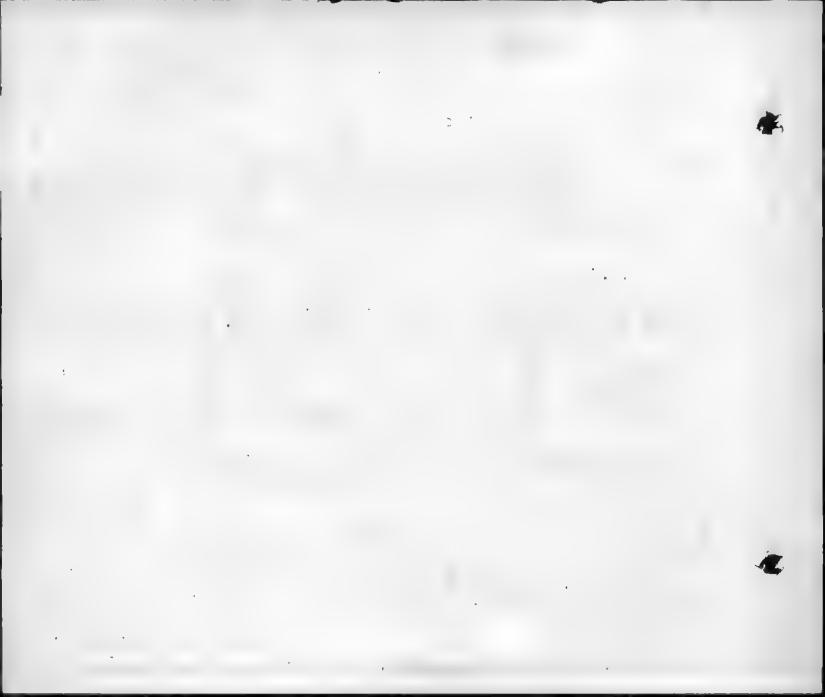
VS A15 (4) 15M 9/56

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10659

Beto	CERTIFICATE	OF	DEATH
8650	CERTIFICATE	O.	PLAIL

MARTIAN DEATH MARTING COUNTY STATE AND SET OF TOWN If obtained corporate limits, write BLEAT and the SUPERAL CONTROL of the Record Record Resident State of the Record Rec		PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE						
b. C.IT OF TOWN (if counide corporate limits, write RURAL and give nearest town) RURAL and we nearest town RURAL and we nearest town A STEET ADDRESS COUNTY HOSPITAL (if not in hospital, give street eddress) C. S.		Teshinat				land		Washin	5 ton		
Hagerston Constitution in hospital gives street address County Hospital Coun		b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	itside corpor			ve nearest	lown]
d NAME OF NOSMALL (If not in hospital, give treet edders) OR INSTITUTION OR INSTITUTION OR PARTY OR ARRED COUNTY HOSPITAL 2. NAME OF COLOR RACE PRODUCT HOSPITAL 2. NAME OF COLOR RACE PRODUCT HOSPITAL 2. NAME OF DECKARD OR PAULINE LIVINGSTON REICHARD OR RE		Hagers	ton	22 Yrs	H	agers	town				
SAME COUNTY HOSPITE 7 SID OEK HIT AVE 75 NO 7		d NAME OF HOSPITA		et oddress)	, d. STREET A	ADDRESS				e. 15	RESIDENCE
D. NAME OF DECEASED PROBLEM 19. Middle Loss SECRET PAUL INTEGRATOR RETCHARD PAUL INTEGRATOR RETCHARD PAUL INTEGRATOR RETCHARD PAUL INTEGRATOR		Ta sh C	ounty Hospia	tal	1315	Oak .	Hill	Ave			
DECEABED OF THE COLOR OF RACE 7. MARRIED DE NOVE MARRIED DE NO	3.	NAME OF			Los	ıl	4. DATE	Man	th	Day	Year
S. SEX FORMER 6. COLOR OR RACE 7. MARRIED MOVED WIDOWED SOURCED NOT READ FIRTH FORMER WIDOWED WIDOWED WIDOWED SOURCED NOT RESERVE ALL SECTION SOURCES SOURCE SOU			PAIIT, TAIR	T. TUTNESMON	DETCH	A TOTO	OF DEATH			'	
Tourist White Widowed Divorced August 28 1877 Roth Day Mours Min.	5.	SEX						9. AGE (In years			
TO USUAL OCCUPATION (Cive fund of work done done) DO SUAL OCCUPATION (Cive fund of work done) Huntingdon Penna I. SIRHPLACE HOLDS TO SUAL OCCUPATION (Cive fund of work) OWN Home DY G. L. Robb I. AMOHER'S MADEN NAME DATE CAMPON PENNAL S. ARMED FORCES? I. S. ANAS DECEASED EVER IN U. S. ARMED FORCES? I. OND I. CAUSE OF DEATH [Enter only one course per fine falle), (b) and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (C) DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT COND		Female			Ass mage	20 7		lost birthday]	Months D	Days Ho	urs Min.
HOUSEWIFE 13. FAIRES NAME Dr G. L. ROOD 13. WAS DECASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT. INFORMANT 14. MOTHER'S MANDEN NAME MATTER To Campbell 15. WAS DECASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IV. INFORMANT Address Daniel L. Reichard 1315 Oak Hill Ave INFORMANT PART I. DEATH WAS CAUSED BY: IMMEDIAN CAUSE OF DEATH [Enter only one course per fine falle). [b] and (c]. Hagerstown in d. INSTERNATION DEATH ONSET AND DEATH Condition, if only, which gover rise to immediate costs (c), testing the unders liping course fort. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IV. WAS AUTOPSY PERCONMED? TEST ON ONE PROPERTY OF THE TEST OF THE TEST O	100	USUAL OCCUPATIO	N (Give kind of work done 10)		JSTRY 11. BIRTHPI	LACE TStates	C (Batoly Co	12. CITIZ	EN OF WI	HAT COUNTRY?
12. PATHERS NAME DT G. L. RODD 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DANIEL L. Reichard 1315 Oak Hill Ave NONE 18. CAUSE OF DEATH [Enter only one couse per line for [o]. [b]. and (c).] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if only, which gove rise to immediate corise (c). It is immediated by the role of the interval of the reference of the property of the immediate corise (c). It is immediated by the role of the role	90.5										
Dr G. L. RODD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? ITEL. SO CHARDED FORCES? ITEL. SO CHARDED FORCES? ITEL. SO CHARDED FOR THE PRINT OF THE PRINT OF CHARDED FOR TH				NATI TIONS				11150		0 221	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. INFORMANT Address 16. NO. 17. INFORMANT NO. 17. INFORMANT NO. 18. CAUSE OF DEATH Enter only one couse per tips (of. [e]), [b], and (c). Have established 1315 Oak Hill Ave 18. CAUSE OF DEATH Enter only one couse per tips (of. [e]), [b], and (c). Have established 1315 Oak Hill Ave 18. CAUSE OF DEATH 18. CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (of) 19. WAS AUTOPSY YES NO 19. CONTRIBUTIONS 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. CONTRIBUTIONS 18. CAUSE OF DEATH 19. CONTRIBUTIONS 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. CONTRIBUTIONS 18. CAUSE OF DEATH 19.			Pahh					- h a 7 7			
Text of the stand County Part II. Other Significant Conditions Contribution to Death But not related to injury in Port I of item 18.) Text of the III. Cause of Death (Enter only one couse per tipe falle). (b) and (c). Harden of the County of th	15			SOCIAL SECURITY NO. 117		rgare	t car		ZOLI .		
18. CAUSE OF DEATH [Enter only one course per line log [6]. [b] and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Condition, if ony, which gove rise to immediate gove course per line log immediate gove rise to gove rise for rise		1, no. 01 unknown) (1				ר ד	d alaan				A
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate costs (a), stoting the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION ON THE ADDRESS OF THE TERMINAL DI	H					-			Uak		
DUE TO Conditions, if ony, which gove rise to immediate costs (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFO) A 17	The state of the s	-					
Conditions, if ony, which gove rise to immediate costs (a), stating the under lying course lost. Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 Was autopsy performed? Yes no 20c. Accident was underlying 20b. Describe how injury occurred. (Enter nature of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury Month, Day, Year 20d. Injury occurred 20e. Place of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II of item 18.) 20c. Time of injury in Port I or Port II or Port II of item 18.) 20c. Time of injury in Po			IMMEDIATE CAUSE (0)	encel or	tern	evalu	Du			2 0	الم
DUE TO		4.55.1		2							
DUE TO			y, which) (b)	Den Drales	ed ar	levi	osed	21020		0 1	yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 Whil			The state of the s	0							9
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of while at work of work of the deceased from 3-2-1955, 19, to 9-17-58, 19, that I last saw the deceased alive an 9-17-58, and that death accurred at 12 Pe. M. from the causes and on the date stated above. ACTUAL SIGNATURE MAD. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Or CREMATORY REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Hagerstown Wash Co i.d. ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE	_	/ (9)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of while at work of work of the deceased from 3-2-1955, 19, to 9-17-58, 19, that I last saw the deceased alive an 9-17-58, and that death accurred at 12 Pe. M. from the causes and on the date stated above. ACTUAL SIGNATURE MAD. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Or CREMATORY REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Hagerstown Wash Co i.d. ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE	o N	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 W	AS AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of while at work of work of the deceased from 3-2-1955, 19, to 9-17-58, 19, that I last saw the deceased alive an 9-17-58, and that death accurred at 12 Pe. M. from the causes and on the date stated above. ACTUAL SIGNATURE MAD. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Or CREMATORY REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Hagerstown Wash Co i.d. ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE	3										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of while at work of work of the deceased from 3-2-1955, 19, to 9-17-58, 19, that I last saw the deceased alive an 9-17-58, and that death accurred at 12 Pe. M. from the causes and on the date stated above. ACTUAL SIGNATURE MAD. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Or CREMATORY REMOVAL (Specify) Burial 9/19/58 ROSE Hill Centery Hagerstown Wash Co i.d. ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE	RTIF	20g. ACCIDENT WAS	S UNDERLYING [206. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Po	ort I or Part	II of ilem 18.)			
21. I certify that I attended the deceased fram. 3-2-1955 , 19 , ta 9-17-58 , 19 , that I last saw the deceased alive an 9-17-58 , 19 , and that death accurred at 12 Pe M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 270. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 Rose Hill Cenetery (CREMATORY Hagerstown Wash Co i.d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. RECGISTRAR'S SIGNATURE		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
21. I certify that I attended the deceased fram. 3-2-1955 , 19 , ta 9-17-58 , 19 , that I last saw the deceased alive an 9-17-58 , 19 , and that death accurred at 12 Pe M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 270. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 Rose Hill Cenetery (CREMATORY Hagerstown Wash Co i.d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. RECGISTRAR'S SIGNATURE	Š				LACE OF INJURY	Home, farm,	20f. (City	or town)	{Co	unty)	(State)
21. I certify that I attended the deceased fram. 3-2-1955 , 19 , ta 9-17-58 , 19 , that I last saw the deceased alive an 9-17-58 , 19 , and that death accurred at 12 Pe M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. 318 N. Potomac St. 9-18-58 PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. Burial Cremation, Removal (Specify) Burial 9/19/58 Rose Hill Cenetery or Crematory Burial 9/19/58 Rose Hill Cenetery ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE	MED.				sciory, sireer, orrigi	e mag., erc.)					
alive an 9-17-58 , and that death accurred at 12 Pe M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. Partners Hagerstown, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 Rose Hill Cenetery ADDRESS 240. RECO BY REGISTRAR'S SIGNATURE ADDRESS 240. RECO BY REGISTRAR'S SIGNATURE		21. I certify the	at Lattended the deced	sed from 3-2-195	5 . 19	. ta 9-3	17-58	10	that I la	ist saw t	he decented
ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ALERA SIGNATURE ALERA SIGNATURE ACTUAL SIGNATURE ALERA SIGNATURE ACTUAL SIGNATURE ALERA SIGNATURE ALERA SIGNATURE ALERA SIGNATURE ACTUAL SIGNATURE ALERA SIGNATUR											
PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. BURIAL CREMATION, Paul Harrison M. D. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 9/19/58 Rose Hill Cenetery Control Hagerstown Wash. Coi.d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE			1 0 11							. dule si	
PHYSICIAN'S Robert F. Keadle, M. D. Partners Hagerstown, Md. 220. Burial, Cremation, Removal (Specify) Burial 9/19/58 Rose Hill Cenetery (Removal Control of Country) Burial 9/19/58 Address 240. Recoistrar 240. Recoistrar 240. Recistrar's Signature			TONO Ha	112500		318 N	Poto	mar St	•	C	
NAME (Type) Poul Harrison M. D. Partners Hagerstown, Md. 220. Burial, Cremation, Removal (Specify) Burial 9/19/58 Rose Hill Cenetery (Removal County) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hagerstown, Md. 22d. LOCATION (City, Town, or county) (State) Hagerstown Wash Coild 24d. RECD BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		Poh	ert F Keedle	M D	M.D. ISSSESS		5-7-535	THE IN SECTION			
Burial 9/19/58 Rose Hill Cenetery Hagerstown Wash. Co i.d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECD BY REGISTRAR'S SIGNATURE		PHI SICIAN'S		D. Partner	rg	Hagen	rstown	, Md.			
Burial 9/19/58 Rose Hill Cenetery Hagerstown Wash. Co 1.d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	220	BURIAL CREMATION		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town, o	or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			9/19/58	Rose Hill	Ceneter	v	Hager	stown	Wash	Go.	i.d.
Androw V Coffee Harrison Ha	23.	FUNERAL DIRECTOR'S	SIGNATURE								
Andrew K. Cofinan Havers town Md. DATE SEP 2 2 '58 Cartling & thine.		Andrew K	. Cofinan Ha	gersjown Md		DATE SEE	2 2 '5	B an	Thung 8. 7	Kine.	



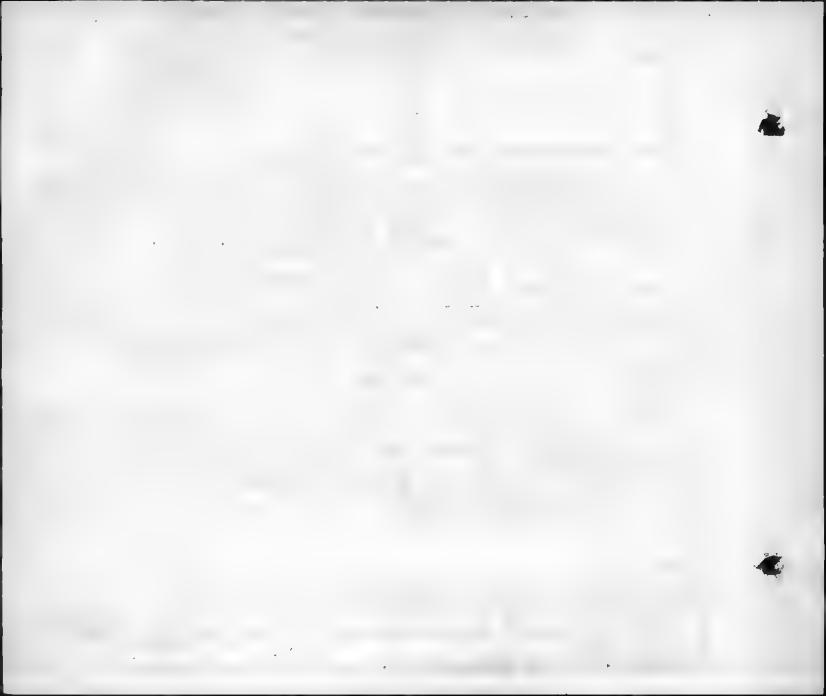
I

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10651	CERTIFICATE	OF	DEATH	R.

M

1. PLACE OF DEATH o. COUNTY ashington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE argland Table County arguments to n						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						
Hogerstown R # 5 22 Yrs	A Hagerstown R # 5						
d NAME OF HOSPITAL (If not in hospital, give street address)	Ad. STREET ADDRESS . IS RESIDENCE						
Old Forge Road	Old Forge Road YES 10 NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
	REYNOLDS DEATH September 21 1958						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS						
112.00	December 11 1878 79 yrs. Months Days Hours Min.						
100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY						
Farmer Retired	Cavetown Wash. Co ad. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
No Record	Alanda Reynolds						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address						
(Yes, no. or unknown) (If yes, give wor or dates of service) 214-36-0428 R	. Atlee Reynolds Hagerstown k # 5						
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Port 1 or Port 11 of item 18.)						
	tenier nature of injury in roti i of roti ii of field is.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Mour o. m. P. m. 19 While Not while of work of our work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)						
21. I certify that I attended the deceased fram. 1-1 alive an 9-18 1958, and that death ACTUAL Charles F. Hess PHYSICIAN'S Charles F. Hess M. J. NAME (Type) Charles F. Hess M. J.	accurred at 12 A.M., from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 19-1, 19-2, that I last saw the deceased accurred at 12 A.M., from the causes and an the date stated abave. DATE SIGNED						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT181 B/34/58 Lillers Len: ADDRESS	R CREMATORY 22d. LOCATION (City. town, or county) (Stote) nonite Celetery near Leiters Durgold (240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE						
Andrew K. Coffman Hagerstown Ld.	DATE SEP 2 6 '58 CILMA & KIGHA						



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

10661

10652 **CERTIFICATE OF DEATH**

		_	
Reg.	Potential	81.	
Ked.	LIST.	NO.	

	Woshingto		MARYLAND	2 USUAL RESIDENCE (V a. STATE	_	b. COUNTY	Vashi	4			
b. City or town RURAL and give i Hagersto	(if outside corporate limineares) town)	ts, write	E. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSP	ITAL (If not in hospital, g		ddress)	d. STREET ADDRESS	y IIa				DENCE FARM?		
3. NAME OF DECEASED (Type or print)	Hary	st	Middle Ellen	Rice	4. DATE OF DEATH	Moni Sant	_	*	feor 9 58		
s. sex Female	6. COLOR OR RACE	7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	910		Months Days		20		
during most of wo	itking life, even if retired		CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stat		ountry)	12. CITIZEN	OF WHAT	COUNTRYS		
13. FATHER'S NAME	seph Downs			14. MOTHER'S MAIDEN	NAME	la Leshe	er				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of si JN O	CES? 16 5		ir. Levis	ice I	Addr		and			
Conditions, if a gove rise to couse (a), storing lying cause lost. PART II. OT 20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-		DITRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	MINAL DISEASI	CONDITION GIVE	EN IN PART 1(a)	PERFO	RMED?		
20g ACCIDENT W	AS UNDERLYING D	20b. DESC	RIBE HOW INJURY OCCURS	ED (Enter nature of injury in	Part Lor Part	11 - 6 () 10)		162	NO C		
	Y MEDICAL EXAMINER)			, , ,	1011 101 101	II or Hem 18)		163	NO 🛜		
ał	RY Manth, Day, Yes	While	JURY OCCURRED 20e.	PLACE OF INJURY (Home, for actory, street, office bldg., et	m. 20f. (City		(County		(State)		
ZOc. TIME OF INJU Hour a.m. p.m.	RY Manth, Day, Yea	While of work	Not while at work at from 1-2	PLACE OF INJURY (Home, for	m, 20f. (City c) Pot. ADDRESS (ST	or (awn)	,that I last s nd an the do	ow the ote state	(State)		



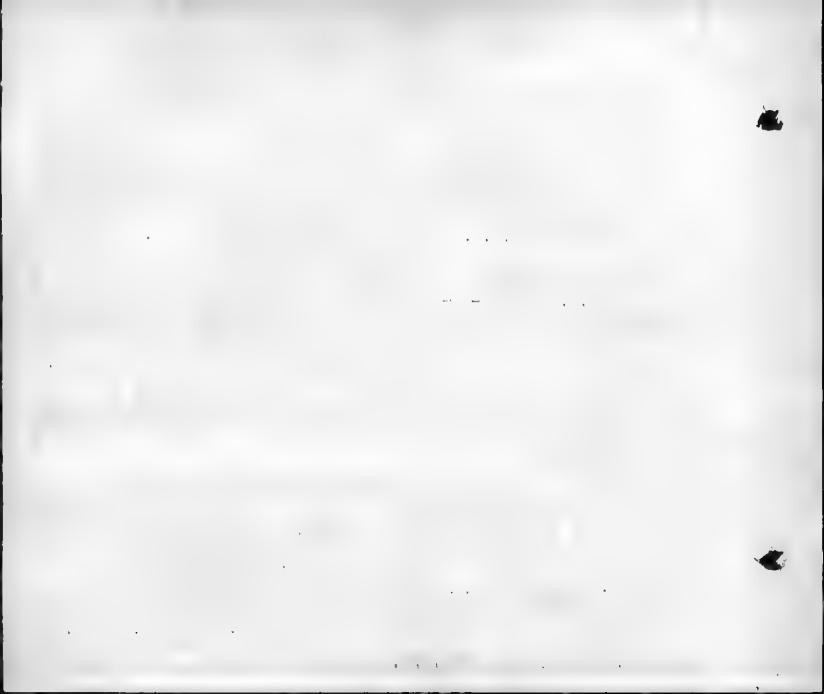
4		Ε.	은	
rage		directo	ad wil	1
degra.		uneral	d be fi	
drier	,	3		1
ndurs		in by	and 2	
7		Hed	- 25	
VILLE		9 A	Poge	
IDING FILENCIAM: The law requires that the death certificate be executed within 24 haurs after death. Fage 4		After this certificate las belin signed by the attending physicial and completely filled in by. Ameral director,	hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 Lid be filed with	4.
69 60		up I	rban	1
Cole		sicial	ve ca	44
ernin		3 phy	геда	5
dedin (tendine	please	W
ine.		he at	l hen	4
E DE		À	=	
luires		gned	perm	
Lec A	cion.	E S	insit	-
ģ	hysi	is be	발	-
	ng F	e e	buric	i
IAN.	haspital ar attending physician.	fical	the	1
2	ir of	cert	e 03	
E	talo	this	If US	
2	aspi	Her	od fo	1
3	T	4	he	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10662

10653 **CERTIFICATE OF DEATH**

1.	PLACE OF DEATH	ton		MARY	LAND	2 USUAL RESI STATE LELTY	land	are deceased	lived If Institute 5.COUNTY ABRITHE		e before a	dmission)
Γ	RURAL and give ne		ils, write	c. LENGTH OF STAY	и њ "eel			viside corpore	te limits, write R		ive nearest	town)
-	d. NAME OF HOSPIT	AL (If not in hospitot,)	nive street		661	d. STREET A		3 60 4411	1, 3		10.11	S RESIDENCE
L	OR INSTITUTION	ounty Hos				Broad		ing Ro	ad) (ON A FARM?
	NAME OF DECEASED (Type or print)		rst	Middle		RINGER		4. DATE OF DEATH	Sep t		Doy 1958	Yeor
<u> </u>	SEX.	GEORGE 16. COLOR OR RACE	7	EDYARD RIED NEVER MARRIE		B. DATE OF BIRT			AGE (In years			19 UNDER 24 HRS.
	Male	White	WIDOWI	ED DIVORCE	, <u> </u>	Larch	1 189	34	tgst birthdoy) 64 yrs.			ours Min,
I -	annua mon or won	ling lire, even it reliced		KIND OF BUSINESS O						. 1		HAT COUNTRY
-		aker	N. I	.C.Iron	KB		rator		sh Co h	. С Ч .	USA	
13.	FATHER'S NAME	_				14. MOTHER'S						
		as Peter			1		A EII	Len Jo	hnston			
15 (Ye	Yes		· femines	30 CIAL SECURITY NO .7-10-2704			lelia	Ringe	Add T Hatje		vnì.d	R 4
Г	18. CAUSE OF DEA	7H [Enter only one co	ouse per lis	ne for (o), (b), and (c).	1							AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	d								ONSET	AND DEATH
	•	DUE TO		~		0.03	3 3				1	
	Conditions, if or	ny, which) (t	NI.	Uarc	inom	a of Bla	agger	& pros	tete		7	mos.
	gove rise to it cotse (o), stating	mmediote (
	lying couse lost.	(c	:1									
Z	PART II. OTH			CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		
M												ERFORMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter noture o	of injury in P	ort I or Port I	of item 18.)			0 0
	20c. TIME OF INJUR		or 20d it	NJURY OCCURRED	20a Pt 4	CE OF INJURY I	Home form	206 (City o	- town	10	ounty)	100.00
MEDICAL	Hours	none 19	While	Not while	fac	tory, street, office	e bldg., etc.)	1 2011 (City o	1 10441)	ĮC.	ooniy)	(Stote)
	21. I certify th	at I attended the	decease	ed fram Apr	il	19. 58	S. ta S	ept. 1	3 . 1958	that I la	ist saw	the deceases
	alive an	Sept. 12	19 5	and that	death	accurred at	12:10A	M. fram	the causes o	ind an th	e date s	tated above
		200		1					et, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	1 Tobe	1	mell	1/	A.D. 1	15 N.	Potoma	c Street	ե		
	PHYSICIAN'S S NAME (Type)	· Robert	ells,	M.D.			Hager	stown,	Marylan	nd		
220	REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEME					ON (City, town, o			(Stote)
23	FUNERAL DIRECTOR'S	9/15/E) ජ	Salem E	00 1	celet						d.
							•	BY REGISTRA		Tran's sigi		,
A	ndrew K.	Corinan	He wit	erstown L	d.		lest I	wast II o		ALVANDAT		4



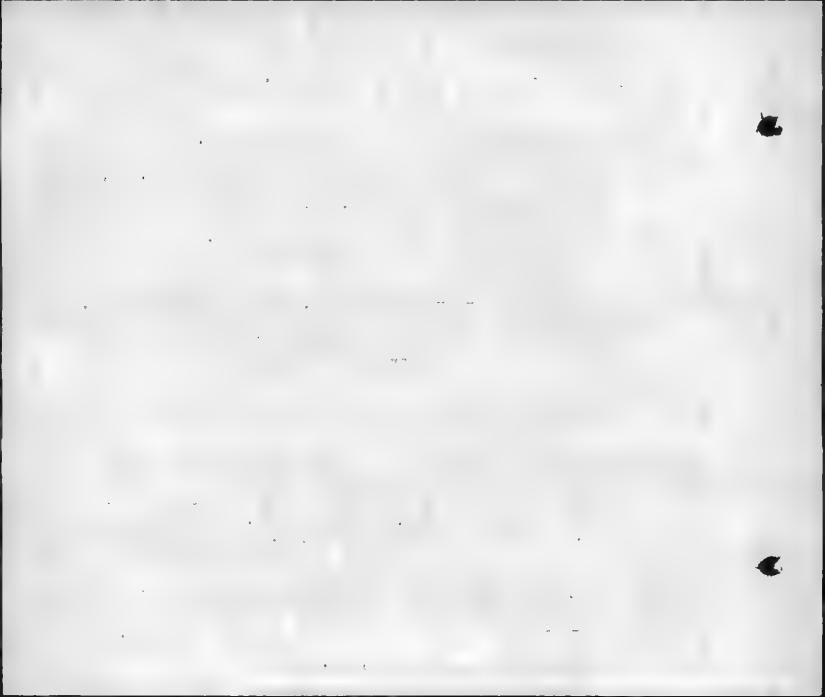
	1.0654	CEKTIFICA	AIE OF DEATH	Reg. Dist	No.						
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Md	b. COUNTY Wash							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hager stown	6 years	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown								
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION County Ho	address)	/d. STREET ADDRESS Washington	Ave.	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print) John	Henry Middle	Robinson 4. DATE OF DEATH	Sept. 2	2, 1958						
	s. sex male 6. color or RACE 7. MARR white whow	ED DIVORCED	B DATE OF BIRTH Aug. 14, 1889	69 yrs. Months 0	YEAR IF UNDER 24 HRS Pays Hours Min.						
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R	KIND OF BUSINESS OR INDUS		Md • 12. CITIZ	EN OF WHAT COUNTRY?						
	13. FATHER'S NAME Albert Robin	son	14. MOTHER'S MAIDEN NAME	lice Toms							
)		SOCIAL SECURITY NO. 17. II 05-10-4980	Clyde O. Smith,	Address Smithsburg,	Md.						
*	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary heart disease with										
	Hour a. st. none 19 While at war	Not white fac	ACE OF INJURY (Home, farm, 20f. (City large, street, office bldg., etc.)	-	uniy) (Stote)						
-	ACTUAL SIGNATURE S. Robert W. PHYSICIAN'S NAME (Type) B. Robert W.	8, and that death	occurred at 9:1450 e.M. from ADDRESS (S. M.D. 115 N. Potoms Hagerstown, A	n the causes and on the treet, city or town, state) to Street Aryland							
	220. BURIAL, CREMATION, 22b. DATE THEREOF burial Specify) 9-26-58	22c. NAME OF CEMETERY OF Smithsburg		thsburg, Md.	(State)						
	23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & So	n, Smithsbur	g. Md. DATE SEP 2 5 '5	18 246. REGISTRAR'S SIGN							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIFFERENCE: After this certificate has been signed by the attending physician and campletely filled in by, p. funeral director, page 3 shauld elached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 led be that with the registrar prime a burial, cremation, ar remaval, and in any event with 12 hours after death.

I

VS A15 (4) 15M 9/55



		101	355	CEKIII	·ICA	HE OF D	EATH			Reg.	Dist. No		
1. PLACE OF a COUN	TY	hington		MARYL	AND	2. USUAL RESID	Md .	re deceased	tived. If insti b. COUN	1771	ence befo		ion)
RURAL	R TOWN (If o	viside corporate limi est town) WIN	ts, write	6 months			ths bu		rote limits, wri	ie RURAL en	d give ne	arest town	1)
OR IN	STITUTION	(If not in hospital, g		The state of the s		1 d. STREET AL	DDRESS Maple	e Ave	€.				FARM?
3. NAME OF DECEASE (Type or)	D print)	Mable		Middle Grace		nesberg		4. DATE OF DEATH	S	Month ept.	17		Yeor 19 58
fema	le	white	WIDOWI	-		ot. 27	, 188			y) Months		Hours	Min
during i	nost of working	life, even if retired		kind of Business or 05-10-566		Leit	ersb	ırg,	Md •	12. (ITIZEN C	OF WHAT	COUNTRYP
13. FATHER'S		illiam S	mith	ı		14 MOTHER'S	MAIDEN NA		су Кау				
15. WAS DEI IYes no or uni NO		N U. S. ARMED FOR		SOCIAL SECURITY NO		eodore	Rome	sberg		ths bu	rg,	Md.	,
Condi gove couse (lying e	tions, if ony, rise to imm (o), stating the cause lost	under-		CONTRIBUTING TO DEAD	TH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	Ch-Li E CONDITION	GIVEN IN P.	1	IP. WAS	eu-
S 20c. TIM	E OF INJURY	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Yee	r 20d, If	Not while	loe. PLA	(Enter noture of CE OF INJURY () ory, street, affice	fome, form,			-	(County)	YES 🗌	
	URE AN'S	attended the	deceased, 19	ed from Pol	(3 death	occurred of			n the cause treet, ply or to	s and an			deceased ed abave. ATE SIGNED
226. BURIAL, REMOV	CREMATION, AL (Specify)	9-20-5		Leiters					non ic iy, iov ter sbu		nd.	(\$101	e)
23. FUNERAL	DIRECTOR'S		. 00	ADDRESS	hism	a Ma	24a. REC'D	BY REGIST		EGISTRAR'S		RE	

VS A15 (4) 15M 9/55

of the solution of the me 130 T. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10656 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY Wa shington o. STATE Maryland b. COUNTY Washington MARYLAND erol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lawn) Hagerstown 50 yrs. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) on A FARM? d. STREET ADDRESS OR INSTITUTION 414 Freemont St. Washington County Hospital YES | NO 🔣 4. DATE NAME OF Middle Last Month Day Year DECEASED CLARENCE OTTERBEIN CLAIR DEATH (Type or print) Sept. 26 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Manths Days Male White WIDOWED | DIVORCED TO 58 death. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Penna.Railroa d Franklin County, Penna. Clerk USA puo 13. FATHER'S NAME 14, MOTHER S MAIDEN NAME Victor M.St Clair Ella Mae Mummert IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Mas. Albert Jampsell HADERSTONER Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN ONSENAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. IVAS AUTOPSY PEREORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EYTHER, NOTIFY MEDICAL EXAMINER) 286. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) foctory, street, effice bldg., etc.) Hour Q. m While Nat while at work ol wark 192 that I last saw the deceased 21. I certify that I attended the deceased from 244 alive on_ and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or towns stole) ACTUAL SIGNATURE: 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 228. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 9/29/58 Buria Haven Cemetery Hagerstown Md . 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR 601 Penna. Ave DATESEP arthur & House Rest Haven Funeral Chapel Hagerstown . Md .

within 24 hours after death.

requires that



VS A15 (4) 15M 10/57

0

		106:	7	CERTI	FIC/	ATE OF L	DEATH	1			Reg. D		2 (10	UU
1.	PLACE OF DEATH o. COUNTY	ashington		MARY	LAND	2. USUAL RESI	Md.	ere decease		institution COUNTY			re odmiss g ton	ion)
	b. CITY OR TOWN (IF RURAL ond give nec Hager		h, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (IF a		prote limits	, write RI	URAL ond	give nec	arest town)
	Wash. Co.		ive street (oddress)		d. STREET A		more	St.,					FARM?
	NAME OF DECEASED (Type or print)	Fic Arth	ur	Middle G	S	ampsell	si .	4. DATE OF DEATH	1	Mon'	181	22		Yeor 19 58
	male	white	WIDOWE		P	Jan. 16	, 188		9. AGE (lost bit 73	In years rthday) yrs	Months	Doys	Hours	Min
	labore	ng life, even if retired		A. Stickel	_			or foreign o		a.	12. CI	U.S		COUNTRY
		liam Samps						e Ful	ler					
15. JYe	WAS DECEASED EVER	IN U. S. ARMED FOR Fyes, give wor or dotes of s	ervice)	SOCIAL SECURITY NO 14-09-3051		rman E S	ampse	11	Jes	sup,	1			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Carebral Thrombosis DUE TO									interval Between onset and Death				
	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. (b) Cerebral arteriosclerosis (c) (c)									1	2 уе	ars		
MEDICAL CERTIFICATION	XDi at	etes mel	litu		nal	pneumo	nia		_		EN IN PAI	T 1(o) 1	PERFO	AUTOPSY PMED?
AL CERTH	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH		CRIBE HOW INJURY O						18.)				
MEDICA	20c. TIME OF INJURY Hour o.m. p. m.	19	While of work	JURY OCCURRED Not while of work	Fo	ACE OF INJURY II ctory, street, office	a bidg., etc.	1			(County)		(State)
	21. I certify that I attended the deceased from Sept. 8 , 158 to Sept. 22 , 19 58 that I last saw the decease alive on Sept. 22 , 19 58 , and that death occurred at 2.15 M, from the causes and an the date stated above DATE SIGNE												ed abav	
	PHYSICIAN'S NAME (Type) W	lliam T.	Lay	man. M.D		м.р. <u>100</u>	erato		OHAT	n.r.	īg Ď.		. 2/ rvla	end
220	BURIAL, CREMATION REMOVAL (Specify) DULLAL	9-25-58		22c NAME OF CEMI Rest Hav				22d LOCA	tion (City	, Iown, o	er county)		Md.	
	FUNERAL DIRECTOR'S		areto	ADDRESS				BY REGIST			TRAR'S SI			



10667

	1065	8	CERT	IFICA	IE OF D	EATH			Reg. E	Dist. No.		
DE COUNTY	ASHINGTON		MAR	YLAND		ENCE (WIN		lived. If institu b. COUNT		ence befo SHIN		
b CITY OR TOWN	(If outside corporate lim	its, write	c LENGTH OF STATE	- 11			TOWN	rote limits, write	RURAL on	d give nec	prest fow	n)
d NAME OF HOS	PITAL (If not in haspital, a MIT AVE.	give street i	oddress)		d. STREET AC	RAT	ST.				ON.	SIDENCE A FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	NORMAN F	rst	VICT	-	SCOTI	1	4. DATE OF DEATH	SFP	onth T •	Da		Yeer 19 58
5. SEX MALE	WHITE	7. MARR	DIVORC		DATE OF BIRTH	′1 893		9, AGE (In year lost birthday) 65 yr	Months		Hours	ER 24 HRS. Min,
RETTRE	TION (Give kind of work		SHOE FAC			RYLA	_	ountry)	12. 0	U.S		COUNTR
13. FATHER'S NAME DANIEI	SCOTT				MAF		AME NYDE	R				
15. WAS DECEASED E	VER IN U. S. ARMED FOR	enviral	social security in 14–09–55		R. CHA	RLES	D.	SCOTT	dresHA(JERS MD	TOW.	N
	* 7	My	conclined a	Myro	cardil f	rus	vrl					ETWEEN DEATH -UPET
gave rise to cause (a), stating typing cause los	g the under: DUE TO)	CONTRIBUTING TO DI	EATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	E CONDITION G	EIVEN IN PA	ART ?(o) 1	9. WAS PERFO	AUTOPSY DRMED?
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	206. DESC	ERIBE HOW INJURY (OCCURRED (Enter nature of	injury in P	ort I or Part	It of item 18.)			YES [] NO [2]
20c TIME OF INJ	1, 10	While	NURY OCCURRED Not while		E OF INJURY (H y, street, office			or lown)		(County)		(State)
actual signature Physician's	that vattended the	decease , 192 bi/		t death o	., 19.58 ccurred at 2 230			n the causes reet, city or town			te stat	
220. BURIAL, CREMAT REMOVAL (Speci	fγ)		22c. NAME OF CEA			7.01		THSBUE) M	(Sto	(e)
23. FUNERAL DIRECTO	3/1/	141	ADDRESS 1			240 REC'D	BY REGIST		GISTRAR'S S	SIGNATUI	RE	

funeral director, utd be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIPCCTOR: After this certificate has been signed by the attending physician and completely filled in b page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55



VS A15 (4) 15M 10/S7

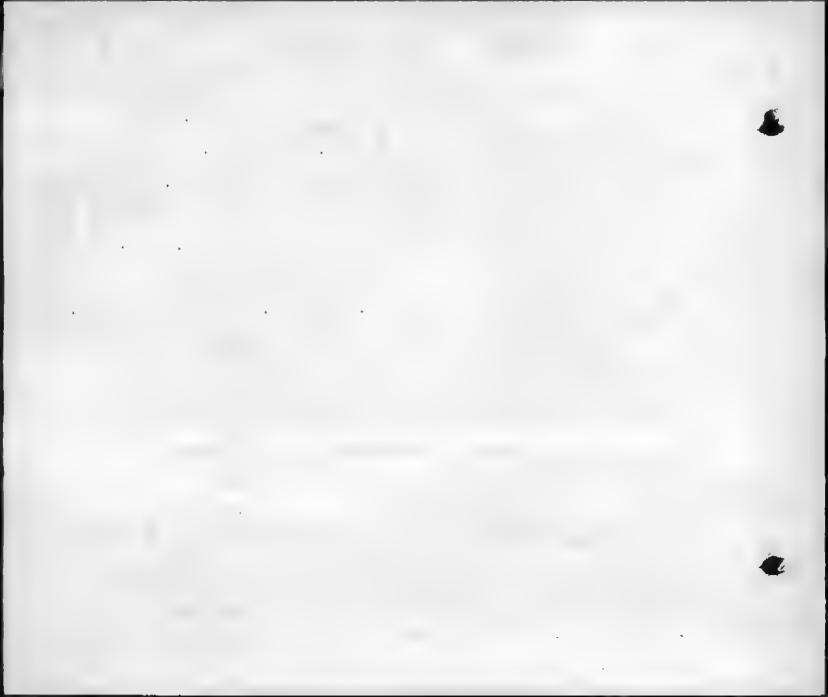
隋

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10663

	100	659	CERTIF	-ICA	ATE OF	DE	ATH			Reg. [Dist. No.		
1. PLACE OF DEATH					2. USUAL I	RESIDEN	ICE (Whe	re decease	d fived If institu		ence befor	e admissi	on)
wa.	shington		MARYE	AND	V. 37470	lar	ylaı	nd	b. COUNT	Wis	hing	ton	
b CITY OR TOWN (I	If outside corporate timit earest lown)	s, write	c. LENGTH OF STAY II	N 1b	c. CITY	OR TOV	VN (IF ou	itside corpo	rate limits, write	RURAL one	l give nea	rest tawn)	
Hagers o			L day 🖫		X	Wil	lia	ISDO:	rt Hd.				
d NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street o	ddress)		d. STRE	ET ADD	RESS				1	on A	DENCE
	n County	Hosp	ital		20	W_{\bullet}	Pot	omac	St.			YES 🗍	
3. NAME OF DECEASED	Firs	sl	Middle			Last		4. DATE OF		onth	Day	, Ү	ear
(Type or print)	John		Henry		Shrad	er		DEATH	Sent		7.4	1	9 58
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		B. DATE OF E	BIRTH			9. AGE (In year	IF UNDE	R 1 YEAR	- Control of the Cont	
hale	White	WIDOWED	DIVORCED		July	6	1877	7	last birthdoy)		Pgys	Hours	Min.
100 USJAL OCCUPATIO	ON (Give kind of work d	lone 105 K	IND OF BUSINESS OR	INDUS	STRY 11. BIRT				ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
Wate imai	king life, even if retired)	Tie	deral Sil	.K	Tear	e M	erce	ersbi	urg Pa.		U. SA		
13. FATHER'S NAME			The six six		14. MOTH				3 0				
John	Shrader				Mary	7 '- I	Elle	n E	obinso	n			
15. WAS DECEASED EVE	R IN U. S ARMED FOR		OCIAL SECURITY NO	17. (NFORMANT						Nerm	ont	Cin
No or unknown)	(If yes, give wor or dotes of se		4 34 0862	M	cs. Al	lme	da J	P. R	cheal	10 0	~a F	טינטיל	OTI
	ATH [Enter only one cou	use per lina		1		-	5				ad:	RYAL SET	WEEN
	TH WAS CAUSED BY:		m Alon	0	Bul	4		//	- 1		ONS	MAND	DEATH
1/20	MMEDIATE CAUSE (6)		CHUOUX	-EC	19	4		14/15	04-17		-/-	-	My,
Conditions, if o													1
gove rise to i					/						-		-{-}-
tying couse last.	the under-				•								0
	JER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEAT	THE BUT	NOT PELATER	TOTH	E TEDMIN	IAI DISEAS	F COMPITION C	IVEAL SAL BA	DT 1/23 16	MAZAC A	LTOREY
PART II. OTH		····	7.11 NO 10 DEA1		THOI RELATED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IE I E POMIL	INE DISERS	E CONDITION O	IATIA BALW	K# 1{0} 17	PERFOR	MED?
200 ACCIDENT WA	S LINDERLYING TI	20h DESCE	RIBE HOW INJURY OC	CLIDDE) /Fater natur	-a -E i-	iner an D	ant the Per	t II as dan 18 t			YES []	ио []
OR CONTRIBUTING	CAUSE OF DEATH	eso. Ocaci	(IDE TION INJOKT OC	CORKEL	z. (Enter note	ie or iir	juty to re	ori i Qi ruz	i ii or nem ip.j				
. 1		r 1204 1511	IURY OCCURRED 2	IOA PLA	ACE OF INJUI	DV III	na farm	Took serie					
ZOC. TIME OF INJUR Hour e.m.	1	While	Not while	fac	flory, street, o	ffice bl	dg., etc.)	Zur. (City	or town)		(County)		(Slate)
₹ p. m		ol work	of work	36	1/			0/	17:11				
21. I certify th	at-I-attended the	decessa	d from / / /	Z/.	19_	-za)	0	1.6.7	14/19	,that I	last sa	w the c	dece <u>ase</u>
alive an	77-1-1-17V	119	, and that a	death	accurred	QV_S	494	JM, fran	h the causes	and on	the dat	e state	dbove
1 M	hi W.L				1.	2/		DDRESS (S	reel, city or lows	story		0%	E SIGNE
SIGNATURE	West T	- 12	suucy-		M.D. (1/_	المال	Lil.	UN	19907	Mes	$ \checkmark$	7/1	175
PHYSICIAN'S	12				~		- V	1	/ '	9	-	(/ "	(
NAME (Type)	/	/	/_									<u> </u>	
270. BURIAL, CREMATION REMOVAL (Specify)		F	27c. NAME OF CEMET	ERY O	R CREMATOR	Υ	1	224 LOCA	TION (City town	or county)		(Stote	
Juri I	Sept. 1:	<u>5-58</u>	Greenlaw	m (Cemete	ery		Will	liamspo	rt	Lary	lane	1
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	44-	11.	1 24		BY REGIST		SISTRAR'S S	_ ,	E	
((V V) "	N.Xson	1	1 March 19	26	n/ite 1	D/	ATE S	EP 1 7	'58	Culling	d. 74	aird	

DATE



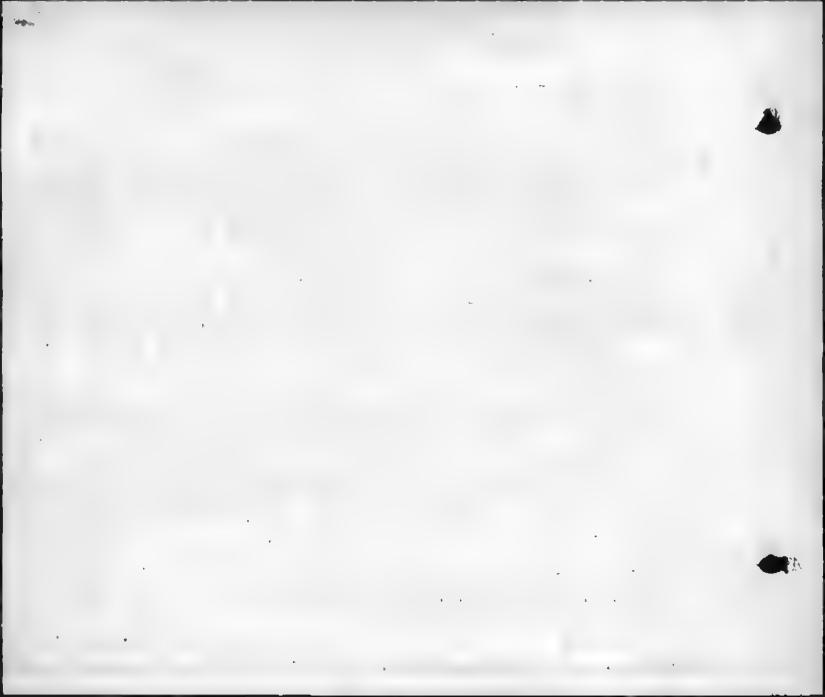
Page 4

VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, Film G-234 9/25/5 CERTIFICATE OF DEATH

										(1 0 10)	
1. PLACE OF DEATH	i Mington		MAR	YLAND	2 USUAL RESI	-	nere deceased	lived. Il institut b. COUNTY C. S.N.I.N.		e before adm	ision)
b. CITY OR TOW	N (If outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside carpora	ate limits, write I		ive negrest to	wn)
	e negrest town)		15 Yea	rs	Ha.g	gerst	own		•		
d. NAME OF HO	SPITAL (If not in hospital, a	ive street			d STREET A	DDRESS					ESIDENCE
1616 P	ark Road				/ 161	6 Pa	rk Ro	ad			A FARM?
3. NAME OF DECEASED	Fir	st	Middk	b	los	if	4. DATE	Ma	nth	Day	Year 195
(Type or print)	JAMES	5	CROOKS	4	SILMON	IS	DEATH	Septe	mber	15 19	
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	ED 🔲	B. DATE OF BIRT	H 72	9	AGE (In years	IF UNDER	YEAR IF UN	DER 24 HRS
Male	White	WIDOW			October	1/5	1885	72 yrs.		Days Hour	s Min
10a. USUAL OCCUP	ATION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPE	ACE (State	or fareign cod	Rexe	12 CITI	ZEN OF WH	AT COUNTRY?
Sales	working line, even it retired	'			Sherma	_				UNA	
13. FATHER'S NAME	- 5012	-			14. MOTHER'S					0 321	
Joh	n W. Simmo	. M. G			907	110	Whith	umat.			
15 WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. H	NFORMANT	115	ASTIT OIL		Iress		
(Yes, no acuntinown)	(It yes, give war or dates of s		86-07-540		rs Lari	e Si	muons			Road	
	DEATH IS A										
1 1	DEATH [Enter only one co						town		-	ONSET AN	ID DEATH
, ''''	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Met	<u>astatic r</u>	nali,	<u>gnant r</u>	<u>nelan</u>	ioma o	i the	Lungs	7	mo.
1	DUE TO	•									
	fony, which) (b)									
gave rise to	immediate DUE TO	•									
lying couse lo)									
PART II.	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FOR THE
[8]											NO K
PART II. 20th ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	OCCURRE). (Enter nature a	of injury in I	Part I or Part	II of item 18.)			
	JURY Month, Doy, Ye	pr 20d. I	NJURY OCCURRED	20e. Pl./	ACE OF INJURY (Home form	20f. rcity 4	or town)	1C	ounty)	(State)
Hour a.	m. to	While	Not while	foc	tory, street, affici	e bidg., etc.	3	or rowing	(0	ounty;	(2)cust
Ž p.	m. 17	ot wo						P			
	that I attended the	deceas	sed from Max	<u>cen</u>	11, 19 58	3, ta Se	pt. 1	<u> </u>	,that I li	ast saw th	e deceased
alive on	ent. 14		58 , and that	t death	occurred at	L:40A	M, from	the causes	and on th	e date sta	ited abave
	1211	1	· ' /					eel, city or town,			DATE SIGNED
ACTUAL SIGNATURE	10101	(fr 4	• 1		M.D. 148 V	West	Washi	ngton	St.	9/15/	58
	,										
PHYSICIAN'S NAME (Type)	B. B. Knei:	sley	, M.D.		Hage	rstow	n, Ma	ryland			
220. BURIAL, CREMA)F	22c. NAME OF CEN	LETERY O	R CREMATORY		22d. LOCATI	ON (City, town,	or county)	(St	ote)
REMOVAL (S	9/17/58	}	Rose Hil	1 C	eme terv	7	Haler	stown	I ^{ET} - or h	Co	d.
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	4	VANO UEST		D BY RECISTR	AR 24b, REGI	STRAR'S SIG	NATURE	<u> </u>
Anarew	K. Cof Na.	, U	erstown	. *		DATE	EP118875	3 (1)	hilling of	r LizaviA	
83 49 CFT CAL	AL OUT AREA	ر باداد یا	CIBLOAU	6140		DAIL OF	- 1		T limen	rand	



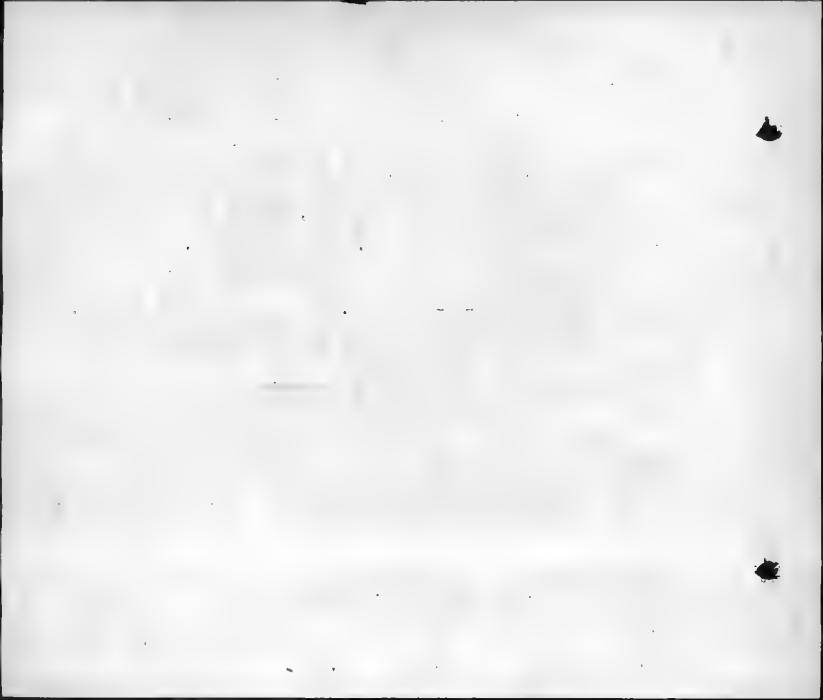
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours often electri. If any delay is revecute the certificate. writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be Irryanded to the Chief Medical Examiner's Office along with farm PMA. Bage 5 may be retained 10 FUNERAL CATOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bt are its designal and agent, prior to burial, cremation, ar remard, and in any event white A hours after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T	Ħ	15	1.1	
1	U	U	1	

		1.069	2Ite	m 22 Film 02	34 9/24/	51 00	1		Reg. Dist. I	do.	
١,	PLACE OF DEATH		19			SIDENCE (V	Vhere deceo	sed lived If institu	ition: Residence	before admiss on)	
	. COUNTY ashi	ngton		MARYLAN	o STATE	Mary	rland	b. COUNT	Y Wash	ington	
1	b CHY OR TOWN (If a	solside corporate l'mi	s write BURAL	c LENGTH OF STAY IN TE	c CITY O			porote limits, write	The second secon		
		Smiths	burg	l year	-	Sm:	lthsb	urg Ru	ral		
				lol, give street oddress)	id STREET	The same				Ta is RETTOL	
	Route	2	the transfer of the transfer		A		Rout	e 2		YES X NO	_
	NAME OF DECEASED	20.00	first U - 7 mag.	Middle	lo:	st	4 DATE OF	Monti			
5. 5	(Type or print) RO	<u> </u>	alvi		-		DEATH	Sept	18_	1958	,
04.2	Male	White	WIDOWED	NEVER MARRIED DIVORCED	March		398	9. AGE (In years lost to thinking)	Months Days	- T	HP:
100				ND OF BUSINESS OR INDU			- / -		In CITIZEN	OF WHAT COUN	1707
5	during most of working	i life, even if reti	red)				_	,,	12. CITZEN	OF WHAT COUN	6116
	FATHER'S NAME	abor	ına	ustrial Mac	14. MOTHER'S		NEW WAR IN NOT IN	g Md.			
10.	COLLEGE & LICHNIE	Ruhen	Smith		14. MOTHER S		irgar	et Wi	lliams		
15.	WAS DECEASED PVE	20		OCIAL SECURITY NO 17	INFORMANT	TATEN	Terr	Address	111000		
		Il yes, gou	es of teru col	2-09-8296		mma S	5m1+h		hsburg	D+ 3	
		. (TATE OF THE		mith	SHIT		RT. Z	
	18 CAUSE OF DEATH	H (Enter only on I WAS CAUSED					,	4 14	10	FERVAL BETWEEN RSET AND DEATH	
	1	MMEDIATE CAUS	SE (a)	Arterioscle	rotic co	ronary	near	t disease		-	
	400.1	Dill	f to	Aortic Ste	nost s						
	Conditions, if on		(b)								
	goverise to immedi (o), stoting the u		E 10	Acute Coro	nary thr	OMDOR!	1, 86			5 min	
	couse test.	1	(c)								
Ó	PART II, OTHI	R SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOP	
3		None								YES NO	
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	206. DESCRIBE I	None	(Enter nature of is	njury in Part	f or Port II	of item 18.}		Analysis district to district to	
	20c. TIME OF INJUR	Month, Day	, Yeor 20d, IN	JURY OCCURRED 20e Pt	ACE OF INJURY	Home form	201 ICH	y or town)	(County)	(Sto	- (a)
MEDICAL	Hour o.m.	None	While	Not white for	ctory, street, office None	e bldg., etc.)	-	-	- (3.0	4)
-≥	21. I certify the	at Ltook cho		mains described ab		Autopsy	/ 1	nspection 🛣	Inquiry [7. ond in	400.4
				uses 🛣 . Accident			lamicide		rmined man		1117
		211	n -15							-	
	ACTUAL SIGNATURE	150t	207 h	rella	M.D. CHIEF	MEDICAL EX	AMINER [DATE SIGNED	>
	EW & ADIAGESIC		S. Rober	t Wells, M.D	ASSIST/	ANT MEDICA	AL EXAMINE	R 🔲	9	-19-58	
	EXAMINER'S NAME (Type)		- 10001	0 1101129 1112	DEPUTY	MEDICAL	EXAMINER [3			
220	BURIAL, CREMATION	7, 226. DATE TH	EREOF 72	ZC NAME OF CEMETERY C	R CREMATORY		72d LOCA	TION (City, laws,	or county)	(51 ote)	
	Burial "	9/22/	/58	Ringgold Ce	netery		Ri	nggold.	vid		
_	FUNERAL DIPECTOR'S	_		ADDRESS	37	1	BY REGIST		TRAF'S SIGNAT		
M	linnich F	uneral	Home	Hagerstown	Md.	DATE SE	P 2 2 1	58	Thun is The	-44.0	



		1066	1	CEKII	FICA	IE OF L	EAIL	1		Reg.	Dist. No.	. 3	02.
1	PLACE OF DEATH						DENCE (Wh	nere deceased	lived. If institut	tion, Resid	Jence befo	re admi	ision]
Ш	o. county Wash	ington		MARY	LAND	o STATE	Marv]	and .	b. COUNT	Y Wa	shin	oton	
	b. CITY OR TOWN (IF	outside corporate limi	its, write	c LENGTH OF STAY	IN 1b	c. CITY OR	- 44		rote limits, write				
	Hager sto	WIN		D.O.A.			Hager	rstown					
, F	d. NAME OF HOSPITA	At (If not in hospital, g	give street	address)		, d. STREET A		. 0001111			1		SIDENCE
		n County H				123 Not	rth Fo	virbaira	Street				A FARMS
3	NAME OF	Fi		Middle		Los		4. DATE	Mo	oth	De		Year
	(Type or print)	FREDERICK		RAYMOND		SOCKS	5	DEATH	Septemb	er	27	2	19 58
S	. SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0 8	DATE OF BIRTI			9 AGE IIn years	IF UND	ER 1 YEAR		ER 24 HRS
	Male	White	WIDOW	ED 🔼 DIVORCE		January	13, 1	L900	lost birthday) 58 yrs		Days	Hours	Min
I	during most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12	CITIZEN C	F WHA	T COUNTRY
	Tavern Kee	_	'	Owner		Hage	ersto	m. Md	•		U.S.	.A.	
1;	FATHER'S NAME		· ·			14. MOTHER'S	MAIDEN N	NAME					
	Fred	Socks					Bessi	le For	d				
1:	WAS DECEASED EVER	IN U. S. ARMED FOR	envent	SOCIAL SECURITY NO.	17. IN	FORMANT			Adı	dress			
IL	no		3 2	18-30-9535	J	ack R. S	ocks	H	agerstow	m, M	d.		
	18. CAUSE OF DEAT	TH [Enter only one co	use per Ki	for (a), (b), and (c).		/	•				INT	ERVAL B	ETWEEN D DEATH
L	PART I. DEA1	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)C	Morans	10	rout	osca:				ON:	ZEI ANI	DEATH
П	400.1	DUE TO				. 0	4						
	Conditions, if on		_//	sterikoc	Persi	tec Ca	div	Moch	clar D	1024	-	4/2	tra
	gove rise to in cause (o), stoting I											1	
1	lying couse last.) (c											
SOLITAN	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	A TUB HT	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN P	ART 1(o) 1	9. WAS	AUTOPSY ORMED?
140	Fu	vicino Cor		Y-27	Curic		ubu		work	M		YES [
SEPTIF		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	TRIBE HOW IN URY OF	CURRED	(Enler noture o	f injury in f	Port I or Part	II of ilem 18.) <				
MEDICAL	20c TIME OF INJURY	Month, Day, Ye			20e. PLA	CE OF INJURY (Hame, form	20f. (City	or tawn)	• • • • • • • • • • • • • • • • • • • •	(County)		(State)
AFF	Hour o.m. p. m.	19	While of wor	k at wark	T LANCO	ory, sireer, orrice	r oray , erc.	1		6			
	21. I certify the	at I attended the	deceas	ed-from	Lu	196	, ta	246	NY 19 (that	L lost so	ow the	decease
	alive an		19	8 , and that	death	accurred at	630 F	M. fram					
		10.1	n						reet, city or town		1	10	ATE SIGNS
	ACTUAL SIGNATURE	KULLI	KAN	_	M	.Da	OF N	0 50	TO \$440 - 0	`		7/2	3/58
	PHYSICIAN'S NAME (Type)	4. D. WIL	SON	, M.D.		HA	GERS	TOWN	, 1.1/ RYL	AND	7	7	
7	BURIAL CREMATION	. 226. DATE THEREC)F	22c. NAME OF CEME	TERY OR	CREMATORY		226 LOCAT	ION (City, town,	or county	1)	(Sto	te)
	REMOVAL (Specify) Burial	9/24/19	58	Rose Hil	1 Cer	neterv			-1 50	id -			
23	SUVERAL DIRECTOR'S	SIGNATURE UZET Fun er	al Ho	ADDRESS				D BY REGISTI	RAR 246 REG		SIGNATUI	RE	
L	R. Frankler	Rusen	110	Hagers	town	, Md.	DATE SE	P 2 5 5	58 C	iring.	S. Kra	ца	

perol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law Equires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNERAL DIRFCOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld the etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 20 the registrar prior to burial, cremation, ar removal, and in any event with 179 bours after death.

VS A15 (4) 15M 10/57

9



ADDRESS

Coffman Hagerstown Md.

Cemetery

Toronto

24a. REC'D BY REGISTRAR

DAREP 2 9 '58

Ontardo

24b. REGISTRAR'S SIGNATURE

Serelua ? for

002

e. IS RESIDENCE ON A FARM?

Doy

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (State)

DATE SIGNED.

(Stote)

Canada

Canada

Days

(County)

YES NO DE

Year

1958

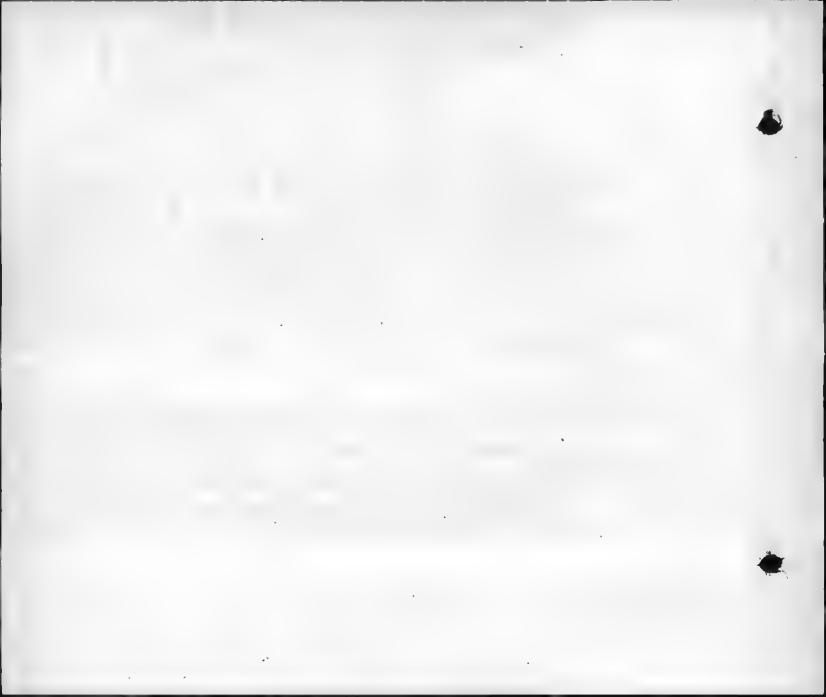
0 VS A1S (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE



500		Frecto	ed w	
The state of the s		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician gad campletely filled in by	be fil)
5	1		9	M
7.00		in by	etached for use as the burial-transit permit. These please remaye Carbon papers. Pages 1 and 2	
* 7		Filed	es 3	
4		tely 1	Pag	
7010		ample	pers.	٦,
A D C H	1	DE LO	od uc	deat
2		g ugi	carb	after
3	1	Jr Ac	maye	havr
100		ding p	Se re	n 72
		offenc	pled	withi
		the	H H	evení
1111		d by	Ė	any
200	<u>c</u>	signe	it per	in the
	ysicia	been	-trans	ai, o
9	ng ph	e has	ourial	emay
	telldir	ficate	the t	or .
	ar at	s cert	Se as	ation
)	pitol	er thi	for u	crem
	e has	: Aft	ched	urial
	by th	TOR	ele	0 0
2	ined	DIRE	2 010	prio
	e refo	RAL	Shat	Istrar
	may be retained by the haspital ar attending physician	FC.	bage 3 shauld a	ne registrar priativa burial, cremation, ar remaral, and in any event within 72 havely after death.
)	E	2	ă	=
V	SM	A15	6 (4	7

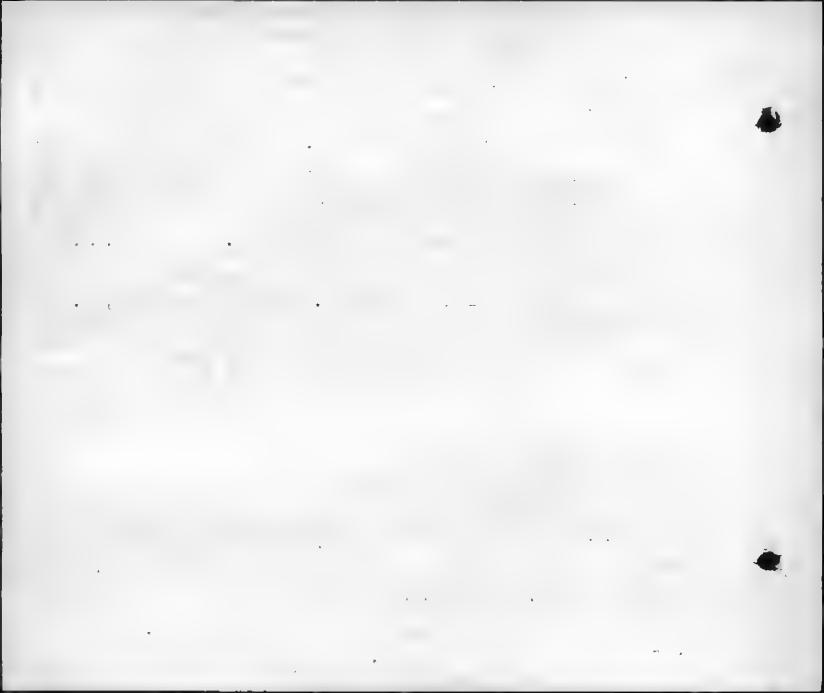
MAKILAND	SIAIE DEPARTM	IENI OF HEALIF	-BALTIMORE,	18
10663	CERTIFICA	ATE OF DEATH	i	Reg. Dist. No. 1673
1. PLACE OF DEATH o. COUNTY A SHITT CHON	MARYLAND	2. USUAL RESIDENCE (Who do STATE	ere deceased lived If institu	Y LIASTITICE.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) HAGFIRD TOWN	2 WEEKS		utside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION WITE SING HO	do celos es	d STREET ADDRESS	DELT. P4A	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) A A A	Middle	31 1 1 L L L L L L L L L L L L L L L L L	4. DATE Mo OF DEATH 9	Day Year I.5 19 5 3
5. SEX 6 COLOR OR RACE 7. MARR PUTATE WHITE WIDOW	IED NEVER MARRIED DIVORCED	OT IO, 187	9 AGE (In years (ast/birthday)	Months Doys Hours Min
10a USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Store	or foreign country)	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME ASIL 3 Tax SS		14 MOTHER'S MAIDEN N	AME	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet, no. or unknown) [If yes, give wor or dates of service)]	SOCIAL SECURITY NO 17. I	NFORMANT	a T' Fra l	dress
PART 1. DEATH WAS CAUSED 8Y: 1MMEDIATE CAUSE (e)	e for (o), (b), and (c)]	He wo.	-1 27fx.	INTERVAL SETWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> (b) (b) (b) (c) (c)	Chi da			10 year
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18)	
20c. TIME OF INJURY Month, Doy. Year 20d. It Hour a.m., While at worl	Not while Fo	ACE OF INJURY (Home, farm, ctory, street, office bldg, etc.	20f (City or town)	(County) (State)
21. I certify that Lattended the decease alive on	and that death		M, fram the causes	2,that I last saw the deceased and an the date stated above (, state) / DATE SIGNED
PHYSICIAN'S TO THE TIME (Type)	Zire:			, , , , , , , , , , , , , , , , , , , ,
220 BURIAL, CREMATION, 226. DATE THEREOF STOTY 22, 105	22t NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lown,	
23-EUNERAL DIRECTOR'S SIGNATURE	ADDRESS CL.Ad Slatin		BY REGISTRAR 24b REG	SISTRAR'S'SIGNATURE



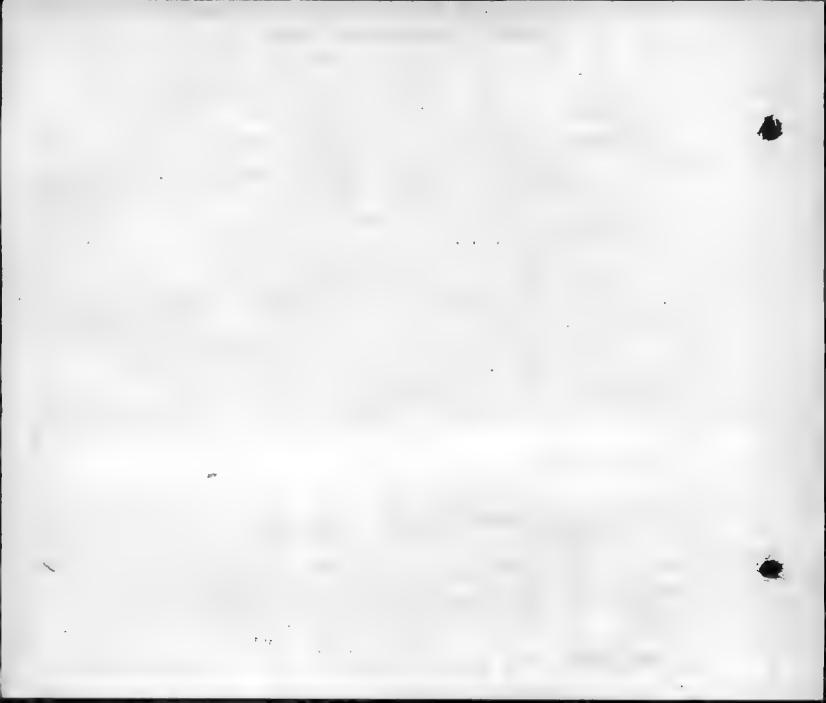
15M 10/57

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO THE Year September 1958 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH days Hypertensive cardiovascular renal disease PAW II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED2 YES NO TH (County) (State) M.D. 100 Professional Arts Bldg. 9/13/58 Maryland 22d. LOCATION (City, lawn, or county) Hagerstown. Md. 23. FUNERAL DIRECTOR'S SIGNATURE Suffer Rouzer une 246 REGISTRAR'S SIGNATURE uneral Home DATE SEP 1 6 '58 Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

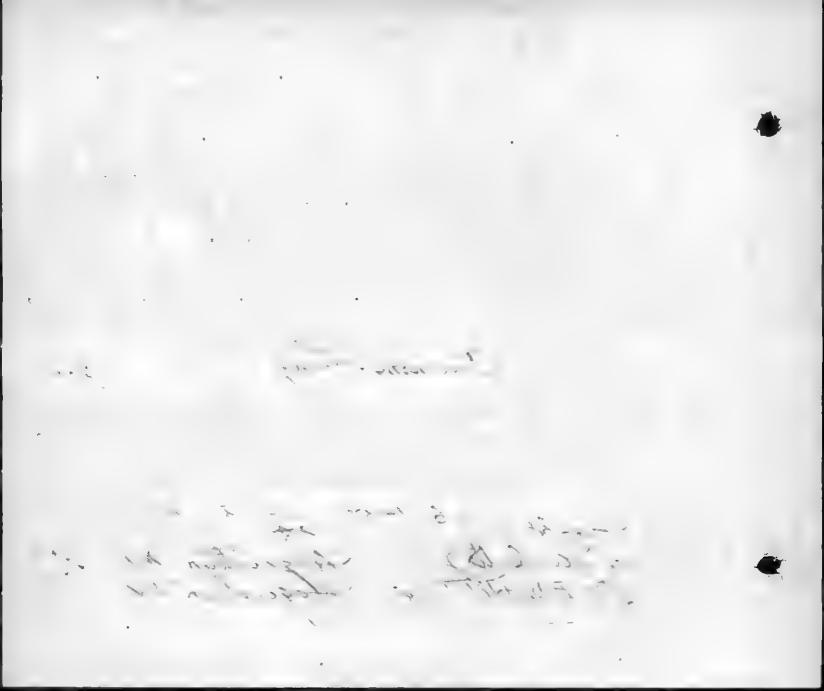


V\$ A1S (4) ISM 10/S7 I

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10666	CERTIFICATE	OF	DEATH	Re

10676

70000	CEKINICA	AL OF BLATE	Reg	g. Dist. No.
1. PLACE OF DEATH 6. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Re b COUNTY	"Vash.
RURAL and give nearest town!	LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Hagers	tside corporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddrook INSTITUTION 21 ROESSNEY AVE.	ess)	d STREET ADDRESS 21 Roessn	er Ave.	6 IS RESIDENCE ON A FARMS YES NO E
3. NAME OF DECEASED (Type or print) Ralph	Middle Yessler	Stickell	4. DATE Month OF Sept	Doy Yeor 19 58
5. SEX 6 COLOR OR RACE 7 MARRIED White WIDOWED	DIVORCED	Jan. 27, 189	90 last birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS DIhs Days Hours Min
	o of Business or Indus	Hagerstov		2 CITIZEN OF WHAT COUNTRY?
William H. Stic	kell	14. MOTHER'S MAIDEN NA	Ellen Lowns	an
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCI (Yes no or unknown) (If yes, give wor or date of service) 21/1/2	109-3872 M	rs. Florence	L. Stickell,	, Hagerstown, Me
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	r (o), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.	escensor	Jung		1900
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITY OF CONTRIBUTIN				PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 2
		Enter nature of injury in Pa		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Month, Day, Year White of work	Y OCCURRED 20e. PLA feed al work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the deceased falive on 1995, 1996. ACTUAL SIGNATURE A DOLLAR SIGNATURE		occurred at	M, from the causes and coppress (Sure Lity or town, state)	on the date stated above. DATE SIGNED
PHYSICIAN'S AME (Type)	Top	Hoge	istoria my	1 / / 25
burial 9-7-58			Hagerstown, M	nty) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son,	ADDRESS Hagerstow	n. Md. DATE SEP	BY REGISTRAR 246 REGISTRAR	S SIGNATURE S FLAMA



VS A15 (4) 15M 9/S5

- 1	MARY	LAND	ST	ATE DE	PAR	TMENT	OF	HEALTH-	-BALTIMORE,	18
						In Inch			•	

Ttems 10,13,14, 22 Film CERTIFICATE OF DEATH

10677

Ttom	22 Film C231 (9/21/58 007	CAIL	יו טבאוו			Reg. Dist.	No.
PLACE OF DEATH	1667		2. USUA	AL RESIDENCE (Who	era deceased liv		nr Residence	before admission)
NRSHIN	GTON	MARYLAN		RVLAND		BA LT	MOR	RE
b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 1	lb c. Cl	TY OR TOWN (IF o	utside corporate	limits, write RU	RAL and give	nearest lown)
HAGER, ST		19 DAYS						
OR INSTITUTION	NARYLAND ST	et oddreśi) PATE HOSPITA		REET ADDRESS	ELAIR	RD.		e. IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print)	CHARLE			TURTZ	4. DATE OF DEATH	S EPTE A		Day Yeor 17 195
MALE	6. COLOR OR RACE 7. MA WHITE WIDOW	RRIED NEVER MARRIED WED DIVORCED		10 200	88 9.	AGE (In years lost birthday) 70 yrs.		EAR IF UNDER 24 H
la. USUAL OCCUPATION during most of works	N (Give kind of work done 10 ng life, even if retired)	6. KIND OF BUSINESS OR IN	IDUSTRY 11. I	JOWA	or foreign count	(h)		N OF WHAT COUN
FATHER'S NAME			14. MO	THER'S MAIDEN N	IAME			
Samue	1 Sturtz			Lillian V	Vinders			
	IN U. S. ARMED FORCES? 1. f yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	7 INFORMAN	aT		Addre	158	
18. CAUSE OF DEAT	TH Enter only one cause per	line for (a), (b), and (c) 1						INTERVAL BETWEEN
PART I. DEAT		TERMINAL	2001/4	HOPNEH	14 0 W//3			ONSET AND DEAT
		PRIMA	DIVIT	HU1/VE 4,	1101-71			2 WEEK
	DUE TO	1000000000		C				3 V-000
Conditions, if on	mediate	ARCINIMA	or K	FCTUM				PEHKS
cause (a), stating ti								*
lying couse lost.) (c)							
PART II. OTHI	ER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1	(a) 19. WAS AUTOP PERFORMED? YES NO
	UNDERLYING 206 DI CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter n	ature of injury in P	Port I or Port II	of item 18)		
20c. TIME OF INJURY Hour o.m.	Whil		PLACE OF IN factory, stree	UURY (Home, farm, it, office bldg., etc.	, 20f. (City or	lown)	(Cou	inly) (Sto
21 1 cartify the	at I attended the deced	ned from AUGUS	T 29 1	ose in SE	PT. 17	10.00	that I la	t row the dece
alive an SE	PT 17 10	S. and that de						
dire dil	indianing	sest, and mar de	dill decoile			ite couses at i, city or lown, s		DATE SIG
ACTUAL SIGNATURE	George Ber	ien	M.D	1500 PE1			AVE	9/17/
PHYSICIAN'S DE	R.G. BERCV	/		HAGERS	TOUN		MA	PRYLANI
REMOVAL Specify)	9/20/58	22c. NAME OF CEMETER	Y OR CREMAT	ORY		N (City, town, a	• • •	(State)
	1,, -0,, >0	Parkwood	74	7 A A		timore		
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	140	240 REC'L	P 1 9 '58		TRAR'S SIGN.	
K Ichi	TIM TIBAL "	7501 FINN	n Ko	DATE	. 1000		4mn 2. 7	Marke



1. 1		106	68	CERTI		TE OF DEATH			Reg. Di			678
	PLACE OF DEATH o. COUNTY	ashington		MARY	- 11	2 USUAL RESIDENCE (WI		Lived If instituti b. COUNTY				ion)
	B CITY OR TOWN (I RURAL and give no Hagers	f outside corporate limi corest town) COWN	ts, write	c. LENGTH OF STAY	- 11	c. CITY OR TOWN (IF of		rote limits, write R)
	d. NAME OF HOSP TO INSTITUTION.	At (if not in hospitol, gington Coun	ty Ho	^{ddress)} spi t al		d. STREET ADDRESS	ONAF					IDENCE FARM?
	NAME OF DECEASED (Type or print)	John Fie	st	Middle C. L.		Lost Summers	4. DATE OF DEATH	Mor Sept		Day		Yeor 5
5. 5	Male	6. COLOR OR RACE	7 MARRIE	DIVORCE	-	DATE OF BIRTH 7/20/1875		9 AGE (In years tast birthday)	IF JNDER Months			
100	JSUAL OCCUPATION during most of world in Ret1.	ang life, even it refired	done 10b. K			RY 11 BIRTHPLACE (Stole Frederi			12. CIT	IZEN OI	WHAT	COUNT
	WAS DECEASED EVE	II SUMMET RINU S ARMED FOR It yes, give wor or dotes of so TH [Enter only one co	CES? 16. Se	ocial security no none	Mr.	Mary Eli ORMANT John Buss		Add	ress	, No		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO my, which (b) mmediate (CAUSE D))	Carcino	na Pr	ostate bstruction &	perit	conitis		ONS	RVAL BE ET AND Lyr 5 da	ув
									. WAS	AJTOPS RMED?		
FICATIO		Chronic B									YES 🗌	
CAL CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	Chronic B	20b. DESCI		20e. PLAC	(Enter noture of injury in I	. 20f (City			County		NO Z
MEDICAL CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c TIME OF INJUR Hour o. m. p. m.	Chronic B: S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yec none 19	20b. DESCR or 20d INI While of work	None Not while of work	20e. PLAC focto	(Enter noture of injury in l E OF INJURY (Home, form ry, street, office bldg, etc NONE	, 20f. (City	or town)		County)	YES 🗌	NO (Stot
	200 ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY 200 TIME OF INJUR Hour o. m. p. m.	SUNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER] Y Month, Day, Year none 19 at 1 attended the Sapt. 22	20b. DESCRIPTION OF STREET PROPERTY OF STREET PROPE	None None None IURY OCCURRED Not while of work	20e. PLAC focto	(Enter noture of injury in I E OF INJURY (Home, form ry, street, office bldg, etc none , 19.39, to occurred at 7.325	Sept. AM, fram ADDRESS (51)	or lown) 23 , 19 56 If the causes creet, city or town,	,that I land an the state)	last sa	w the	(Sto

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



M

10669 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where d	eceased lived. If institution, Residence	te before admission)
П	ashing ton	MARYLAND	o. STATE ryland	Washington	
\vdash	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15		corporate limits, write RURAL and g	rive negrest town)
	RURAL and give regrest town) HA ELSTOVN	1 Week	X Hagersto	11 -4	, , , , , , , , , , , , , , , , , , , ,
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	, d. STREET ADDRESS		e 15 RES DENCE
L	Mash. County Hospit	al	Millers	Church Road	ON A FARM? YES NO
3.	NAME OF First DECEASED	Middle		OATE Month	Day Year
	(Type or print) CHARLOTTE	LOUISE	OTEGO 1	September	
5.		IED NEVER MARRIED	8. DATE OF BIRTH	1	I YEAR IF UNDER 24 HRS.
	Female White WIDOWE		June 21 1907	DI yrs.	Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	eign country) 12 CITI	ZEN OF WHAT COUNTRY?
	Housewife	Own Home	Brooklyn K	ings Co N. Y.	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Cin
	Lewis Meyer		Harriett	Wright	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
I III	tif yes, give war or dates of service)	15-05-0552	Joseph F Urg	o Hagerstown	ot R 1,5
F	18. CAUSE OF DEATH [Enter only one couse per lin		0111		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY.	la V	Man love	1117	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	many.	2 ranvag		0220
	DUE TO R	1-12/20	/ ///		12 Nausa
П	Conditions, if ony, which gave rise to immediate	mirefice	excurrency.	neurom	1090
	catise (o), stoting the under-	V		T	
_	lying couse lost. (c)				
Ö	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Š					YES NO
CERTIFICATION	LOR CONTRIBUTING [] CAUSE OF DEATH I	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ΔĀ	The state of the s		ACE OF INJURY (Home, form, 20	f. (City or town) (C	ounty) (State)
MEDICAL	Hour o. m. While of work	TABLE STILLS	story, street, office bldg., etc.)		
		012	9.1	0-158-1	
	21. I certify that I attended the decease		19, to		ast saw the deceased
	alive an 7.7.30 19	, and that death		fram the causes and on th	e date stated above.
	come of the and		ADDR	ESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE STOCK TO	er eg	M. C. C. Garola	mo Ind	9/11/58
	PHYSICIAN'S		7		
	NAME (Type) S Earl Youn	g M.D.	V		
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or county)	(Stole)
	Buriel 9/13/58	Rest Haven			Variate)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 246 REGISTRAR'S SIG	NATURE
A	ndrew K. Coffman Hage		240, REC'D BY	1 5 58 Zab KEGISI KAK'S SIG	13 50
		TOWN II MALE	DATE		



22c NAME OF CEMETERY OR CREMATORY

Ceda

ADDRESS

e. IS RESIDENCE ON A FARM?

Day

Hours

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES [7]

(Stote)

NO IZ

(State)

Days

22d, LOCATION (City, fown, or county)

24b REGISTRAR'S SIGNATURE

24o REC'D BY REGISTRAR

DATEC

YES NO T

Yeor

1958

FUNER 0 VS A15 (4) 15M 9/III

270 BUR AL, CREMAT ON,

FREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

DATE THEREO



MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH
--------------------	-------------	----------

	_ 10674	E EXMINITER S	CERTIFIC	AIL OI DEF	Reg.	Dist. No	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND		CE (Where deceased lived aryland b		idence bef	
b. CITY OR TOWN JIII and give nearest town	auhide carparate fimils, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside carporate lin	nits, write RURAL e	end give m	sorest fown)
Hager		4 hrs	Hage	rstown			
	AL OR INSTITUTION (If not in hos ington County Ho		R # 6	ESS			ON ME FARM
3. NAME OF DECEASED (Type or print)	First	8 Webs	Lost	4. DATE OF DEATH	Month Sept.	22 ^{Doy}	Year 19 58
5. SEX Hale	6 COLOR OR RACE 7 MARRIE	ED NEVER MARRIED B.	Dec. 23,1	896 9 AGE	thday) Months	Doys .	IF UNDER 24 HRS Hours Min
during most of working	ON (G've kind of work dane 10b) g life, even if refired) d Farmer	Farming		State or foreign country) County, Md.	12. C	US.	WHAT COUNTRY
13. FATHER'S NAME Benje	amin Weber		14 MOTHER'S MAID	Martin	_ 1		
15. WAS DECEASED EV (Yes, no, or unknown) No	ER IN U. S. ARMED FORCES? 16		Mrs. Leah	Weber- R # 6	Address Hagers	town,	Md
18. CAUSE OF DEA	TH (Enter only one cause per line	for (a), (b), and (c).]	es e nabiliseri				VAL BETWEEN T AND DEATH
PART + DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Open Fracture	skull				re 45Min
	DUE TO	Multiple fract	ure of rib	80			
Conditions, if o		Lacoration ofl					
gove rise to immed (a), stating the		Fracture Synth		9			
couse tast) (c)	Hemorrhage and					
PART II. OTH	None None	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE I	ERMINALDISEASE CONDI	TION GIVEN IN PA	11	PERFORMED?
200. EXTERNAL CAL PRIMARY AT OF COL CAUSE OF DEATH.		E HOW INJURY OCCURRED. [E					
3 20c. TIME OF INJUI	RY Month Doy, Year 20d	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home.	form, 20f (City or lown) (0	(QUATY)	(State)

Sept. 22 58 at work of work Rural Hagerstown Wash

Reiff Cemetery

21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 📆 Inquiry 🗍 opinion death resulted fram: Natural causes 🗍, Accident 🔀, Suicide 🗍, Hamicide 🦳, Undetermined manner 🗍

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

S. Robert Wells, M.D. **EXAMINER'S** 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)
Near Cearfoss

23 FUNERAL DIRECTOR S SIGNATURE
A. E. Minnich

Greencastle, Pa

240 REC'D BY REGISTRAR

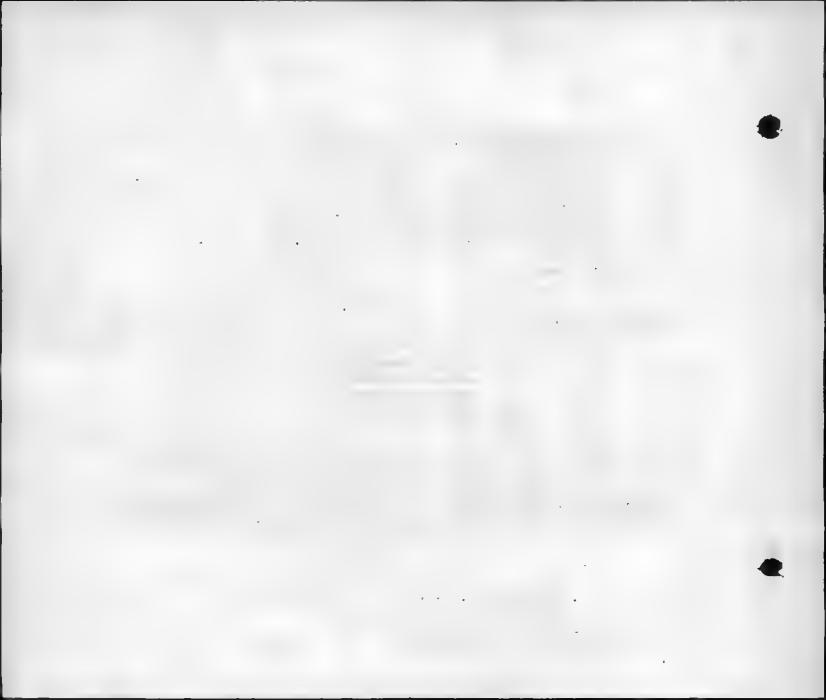
DEPUTY MED CAL EXAMINER IX

246 REG STRAR'S SIGNATURE Orthog & Knows

DATE SIGNED

NT A15ME

4 should be f



EALTH DEPT rry, please on files. if /Health. poges 17.2, and 3 to the funery of the state of the funery TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pendi in them 18. Give possible a should be fix and ed to the Chief Medical Examiner's Office along with form/TMS. Page 5 to TO FUNERAL DO TYON. Page 3 should be evised as a burief-transit permit. File pagest or or its designated agent, prior to berial, tremation, or removal, and in any seek, within, 2 to

VS A1SME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10682

	- 40000			Reg, Dist. No.
PLACE OF DEATH	- X0000		2. USUAL RESIDENCE (Where deceased lived If in	nstitution Residence before admission)
	shington	MARYLAND	a. STATE Maryland b. co	unty Wash
and give negggl town		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale fimils, v	vrite RURAL and give nearest fawn)
Han	cock		Hancock Maryland	d
d. NAME OF HOSPIT	2	ospital, give street address)	d STREET ADDRESS R # 2	IS KES DENGE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Edgar	James	17 3 3 01	tonth Doy Year pt. 16 1958
SEX	6 COLOR OR RACE 7 MAR	RIED MEVER MARRIED B	DATE OF BIRTH 9. AGE (In year	
Male	White willow	FO DIVORCED	Jan.13.1900 58 hday)	yrs. Sonths Dry3 Hours Mn
00. USUAL OCCUPATIO	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laber	g life, even if retired)	Orchard	Washington County	U.S.A.
IS. FATHER'S NAME		Angelope Angelope, and	14. MOTHER'S MAIDEN NAME	, 0000
Albe	rt L Weller		Hester Younker	
S. WAS DECEASED EV	ER IN U. S ARMED FORCES? IN	6 SOCIAL SECURITY NO 17. IN		Frees
Yes, no, or unknown)	(If yes, give war or dates of service)		rs Della Weller Rura	
	TH [Enter only one cause per lin	e for (o), (b), and (c).]	and	INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Gun Shot woul	nd into chestleft ax	illary 10 min
1976X	DUE TO		100	egion
Conditions, if o		uemor.rueRe	and shock (shotgun)	
gove rise to immed	diote couse			
(a), stating the couse lost.	enderlying (c)			
X	HER SIGNIFICANT CONDITIONS		OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	JSE WAS NTRIBUTING [] 206 DESCR		hest with 12 gauge s	hotgun
20c. TIME OF INJUI	RY Month Day, Year 20d	INJURY OCCURRED 1200 PLAC	E OF INJURY (Home, form, 120f (City or lown)	(County) (State)
12:30	× 9-16 158 Wh	work of work is HO	ry, street, office bldg , efc)	ancack Wash, Md
		remains described abov		
		causes [], Accident [etermined manner
ACTUAL SIGNATURE	PRoleit	- wells	_M D CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	S. Robe	ert Wells, M.	ASSISTANT MEDICAL EXAMINER D. DEPUTY MEDICAL EXAMINER	9-17-58
20. BURIAL CREMATIO	N. 226. DATE THEREOF	22c NAME OF CEMETERY OR		wn, or county) (State)
Burial Burial Burial	9.19.58	Stone Bridge	e Cemetery Near Hanc	ock Washington Me
Lev 1	1 de demis	14	SED 2 2 750	other & Keaus
1 7 7 7 A / (/ / /)	T DU A A D L Q	537 2000 15 16-16-16	FFESS.	(A) / (A a () A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10672 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed o COUNTY 6 COUNTY Washin ton Jacking ton Harvland MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) .d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 2407 Virginia Ave. Virginia Ave. YES NO-E NAME OF Middle 4. DATE DECEASED OF DEATH Charles Sent. Gilbert Wigfield (Type or print) 19 58 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) White Male WIDOWED [DIVORCED [7] Dec. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pa. Rilrord Pen slyvania J.S.A Militerance Lan carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 岩 Wilson Wigfield Malinda Hiles IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 2/Addes Va. Aves ALC: field Harerstown a cyl nd lurs. Leila 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19, WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. m foctory, street, office bldg., etc.) While Not while at work of work 2 N - , 185 A, to 22-N - , 1837, that I last saw the deceased 21. I certify that I attended the deceased from ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) Ha, erstown Ha dent Haven Cenet 23 JUNERAL DIRECTOR'S SIGNATURE **ADORESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Firaux DATE SEP TSM 10/57

puo

the state of the

4.1 m.

the state of

he with a sign of the state of

sa seem of he

most library of the hospital ar attending physician.

The page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 would be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

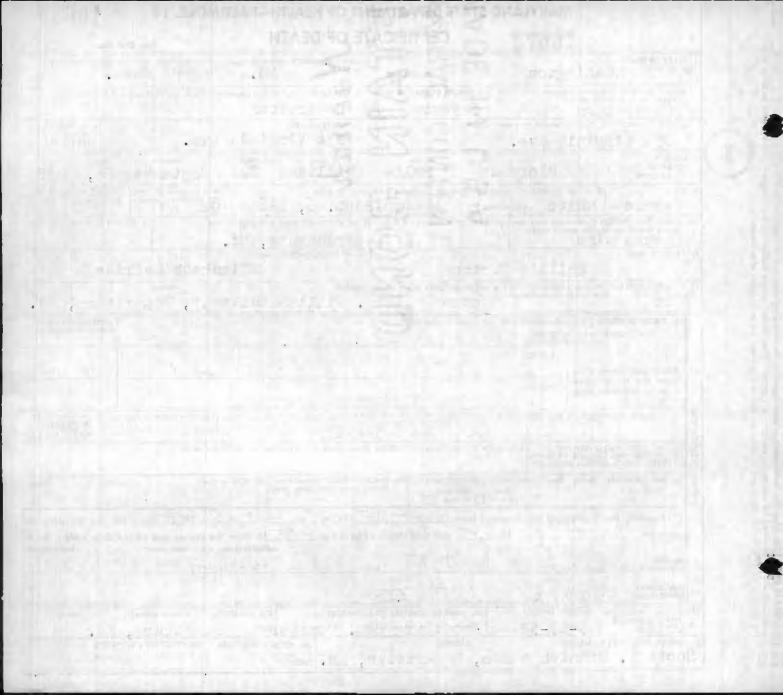
- 1	4 1	83	V	18
1	Ħ	U	0	*
adia.	2	-	_	

10673

CERTIFICATE OF DEATH

Rea Dist No.

1. PLACE OF DEATH . COUNTY Washington	MARYLAND		re deceased lived. If institution is country		fore admissi	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! town) Hagerstown 5	Vears	c. CITY OR TOWN (If ou	Iside corporate limits, write R	URAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in haspital, give street address on institution 836 Virginia Ave.	0	d. STREET ADDRESS	inia Ave.	I'm		DENCE FARM? NO
3. NAME OF First DECRASED (Type or print) Florence	Middle Belle	Williams	4. DATE Mor			958
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		Sept. 6, 18	9. AGE (In years last birthday) 92 yrs.	Months Doys	-	R 24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) house wife	OF BUSINESS OR INDU	Frostburg	, Md.	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME Phillip Burto	on	14. MOTHER'S MAIDEN NA	Elizabehh	McBrid	е	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17.	NFORMANT rs. William	Kallmyer, I		own,	Md.
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)] Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying cause lost. [b] DUE TO (c) (c)	ebro- e to enoscle	general of		OF	DEFAND	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6 /1 // -	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(0)	PERFO	RMED?	
	HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I ar Part II of item 18.)			
	OCCURRED 20e. PL Not white of work	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County	r)	(Slote)
21. I certify that I attended the deceased frolive on Sept 25, 1950. ACTUAL SIGNATURE Solution W. D. SIGNATURE PHYSICIAN'S Falcula & W. T.	-	95, 1928, 10 50 accurred at 4 70. M.D. 212 W.	M, from the causes of DDRESS (Street, city or town,		ate state	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	R CREMATORY Jem. Cemeter	22d. LOCATION (City, town,		(Stote)
	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGI	STRAR'S SIGNATI		



10674

CERTIFICATE OF DEATH

Reg. Dist. No.302

1. PLACE OF DEATH 6. COUNTY B Shir	gton		MAR	YLAND	2. USUAL RESII a. STATE		ere deceased	lived. If institution b. COUNTY		before odn	nission)
b. CITY OR TOWN (III RURAL and give ne	outside corporate limi orest tawn) I TOWII	ts, write	c. LENGTH OF STATE			rown (If o		ote limits, write RI	JRAL and gi	ve negrest to	wn}
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g County Ho				d. STREET A		ilfor	d Ave		01	RESIDENCE A FARM? NO AX
3. NAME OF DECEASED (Type or print)	ANNA	pł	LOUISE	•	ZELLEI		4. DATE OF DEATH	Sept	h ember	Doy 1.3	Yeor L9 15 8
5. sex Fenale	6. COLOR OR RACE	7. MARR			S. DATE OF BIRTI				IF UNDER 1		IDER 24 HRS.
during most of work	ing life, even if retired		ies Clot				or foreign cou n Was			USA	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
Bruce	Scott Ze:	ller			Ms	arv C	. Zel	ler			
15. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT			Addr	ess		
No	If yes, give wor or dates of s		4-09-326		rs Virg			nith 809	9 Gui	lfor	d Ave
Conditions, if or gove rise to it case (o), sloting lying cause lost.	nmediote ()) THE TERMIN	NAL DISEASE	CONDITION GIVI		1(o) 19. WA	S AUTOPSY FORMED?
THE EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in P	ort I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	f Manth, Day, Yes	While	NJURY OCCURRED Not white of work	20e. PL fo	ACE OF INJURY (ctary, street, affice	e bidg., etc.				unty)	(Slote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) B.	B. Knei:	12 e_'S	2 , and tha	t death	M.D. 148	West	-M, from ADDRESS (Sire Wash	ington	nd on the	9/15	ated above. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	9/16/5				R Ceme	tery	22d. LOCATIO	ON (City, town. &	r Has	Md! erst	lote) OWN
23. FUNERAL DIRECTOR	s signature Coffma	n Ha	ADDRESS gerstown	Ma	•		BY REGISTR		TRAR'S SIGN		

may be retained by the haspital ar attending physician.

To funeral to crow. After this carificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within the harm after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

	10.18
en de la lacerta	
	por report this to